



R.61-103, RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN AND ADOLESCENTS

Effective June 24, 2016

(This regulation replaces and supersedes any former regulations)

**Bureau of Health Facilities Licensing
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201**

DISCLAIMER

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PROMULGATION HISTORY

This Regulation was promulgated pursuant to 1976 S.C. Code Section 44-7-260.

June 24, 2016 - R.61-103, Residential Treatment Facilities for Children and Adolescents, was amended by Document 4596 in State Register Volume 40 Issue 6 effective June 24, 2016. This amendment supersedes and replaces in entirety all former versions of this Regulation.

**R.61-103. RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN AND
ADOLESCENTS**

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SECTION 100 - DEFINITIONS AND LICENSE REQUIREMENTS

101. Definitions

For the purpose of these standards, the following definitions shall apply:

A. Abuse. Physical abuse or psychological abuse.

1. Physical Abuse. The act of intentionally inflicting or allowing to be inflicted physical injury on a resident by an act or failure to act. Physical abuse includes, but is not limited to, slapping, hitting, kicking, biting, choking, pinching, actual or attempted sexual battery, use of medication outside the standards of reasonable medical practice for the purpose of controlling behavior, and unreasonable confinement. Physical abuse also includes the use of a restrictive or physically intrusive procedure to control behavior for the purpose of punishment except that a therapeutic procedure prescribed by a licensed physician or other legally authorized healthcare professional or that is part of a written care plan by a physician or other legally authorized healthcare professional is not considered physical abuse. Physical abuse does not include altercations or acts of assault between residents.

2. Psychological Abuse. Deliberately subjecting a resident to threats or harassment or other forms of intimidating behavior causing fear, humiliation, degradation, agitation, confusion, or other forms of serious emotional distress.

B. Administrator. The individual designated by the governing body or licensee who is in charge of and responsible for the administration of the facility.

C. Airborne Infection Isolation (AII). A room designed to maintain Airborne Infection Isolation (AII), formerly called a negative pressure isolation room. An Airborne Infection Isolation (AII) room is a single-occupancy resident-care room used to isolate persons with suspected or confirmed infectious tuberculosis (TB) disease. Environmental factors are controlled in Airborne Infection Isolation (AII) rooms to minimize the transmission of infectious agents that are usually spread from person-to-person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. Airborne Infection Isolation (AII) rooms may provide negative pressure in the room (so that air flows under the door gap into the room), an air flow rate of six to twelve (6 to 12) air changes per hour (ACH), and direct exhaust of air from the room to the outside of the building or recirculation of air through a high efficiency particulate air (HEPA) filter.

D. Annual. A time period that required an activity to be performed at least every twelve (12) months.

E. Assessment. A procedure for determining the nature and extent of the problem(s) and needs of a resident or prospective resident to ascertain if the facility can adequately address those problems, meet those needs, and to secure information for use in the development of the treatment plan. Included in the process is an evaluation of the physical, psychiatric, psychological, developmental, social, nursing, educational, vocational, recreational, and legal status and/or needs of a resident or prospective resident. Consideration of each resident's needs, strengths, and weaknesses shall be included in the assessment.

F. Authorized Healthcare Provider. An individual authorized by law and currently licensed in South Carolina to provide specific treatments, care, or services to residents, such as an advanced practice registered nurse or physician assistant.

G. Blood Assay for *Mycobacterium tuberculosis* (BAMT). A general term to refer to *in vitro* diagnostic tests that assess for the presence of tuberculosis (TB) infection with *M. tuberculosis*. This term includes, but is not limited to, IFN- γ release assays (IGRA).

H. Child, Adolescent, or Young Adult. An individual who is at least one (1) year of age but under twenty-one (21) years of age.

I. Consultation. A visit by Department representative(s) who will provide information to the licensee with the goal of facilitating compliance with these regulations.

J. Contact Investigation. Procedures that occur when a case of infectious TB is identified, including finding persons (contacts) exposed to the case, testing and evaluation of contacts to identify Latent TB Infection (LTBI) or TB disease, and treatment of these persons, as indicated.

K. Controlled Substance. A medication or other substance included in Schedule I, II, III, IV, or V of the Federal Controlled Substances Act and the South Carolina Controlled Substances Act.

L. Department. The South Carolina Department of Health and Environmental Control (DHEC).

M. Designee. A staff member designated by the administrator to act on his or her behalf.

N. Dietitian. A person who is registered by or meets the requirements of the American Dietetic Association and has at least one (1) year of experience in clinical nutrition.

O. Direct Care Staff Member. The individual(s) who provide assistance to residents.

P. Discharge. The point at which residence in a facility is terminated and the facility no longer maintains active responsibility for the care of the resident.

Q. Dispensing Medication. The transfer or possession of one (1) or more doses of a medication or device by a licensed pharmacist or individual as permitted by law, to the ultimate consumer or his or her agent pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to, or use by a resident.

R. Exploitation. 1) Causing or requiring a resident to engage in an activity or labor that is improper, unlawful, or against the reasonable and rational wishes of a resident. Exploitation does not include requiring a resident to participate in an activity or labor that is a part of a written care plan or prescribed or authorized by the resident's attending physician; 2) an improper, unlawful, or unauthorized use of the funds, assets, property, power of attorney, guardianship, or conservatorship of a resident by an individual for the profit or advantage of that individual or another individual; or 3) causing a resident to purchase goods or services for the profit or advantage of the seller or another individual through undue influence, harassment, duress, force, coercion, or swindling by overreaching, cheating, or defrauding the resident through cunning arts or devices that delude the resident and cause him or her to lose money or other property.

S. Facility. A Residential Treatment Facility for Children and Adolescents licensed by the Department.

T. Health Assessment. An evaluation of the health status of a staff member by a physician, other authorized healthcare provider, or registered nurse, pursuant to written standing orders and/or

protocol approved by a physician's signature. The standing orders or protocol shall be reviewed annually by the physician, with a copy maintained at the facility.

U. Incident. An unusual unexpected adverse event resulting in harm, injury, or death of staff or residents, accidents, such as medication errors, adverse medication reactions, or elopement of a resident.

V. Individual Treatment Plan (ITP). A documented regimen of appropriate care and/or services or written action plan prepared by the facility for each resident based on the resident's assessment, needs and preferences and which is to be implemented for the benefit of the resident.

W. Inspection. Specific scrutiny of a facility or prospective facility by a Department representative(s) for the purpose of determining compliance with this regulation. Inspections include, but are not limited to, plan reviews, construction inspections, and licensing inspections.

X. Investigation. A visit by a Department representative(s) to a licensed or unlicensed entity for the purpose of determining the validity of allegations received by the Department relating to this regulation.

Y. Latent TB Infection (LTBI). Infection with *M. tuberculosis*. Persons with Latent TB Infection carry the organism that causes TB but do not have TB disease, are asymptomatic, and are noninfectious. Such persons usually have a positive reaction to the tuberculin skin test and/or positive BAMT.

Z. Legend Drug.

1. A drug when, under federal law, is required, prior to being dispensed or delivered, to be labeled with any of the following statements:

- a. "Caution: Federal law prohibits dispensing without prescription";
- b. "Rx only"; or

2. A drug which is required by any applicable federal or state law to be dispensed pursuant only to a prescription drug order or is restricted to use by practitioners only;

3. Any drug products considered to be a public health threat, after notice and public hearing as designated by the South Carolina Board of Pharmacy; or

4. Any prescribed compounded prescription drug within the meaning of the Pharmacy Act.

AA. License. The authorization to operate a facility as defined in this regulation and as evidence by a current certificate issued by the Department to a facility.

BB. Licensed Nurse. A person to whom the South Carolina Board of Nursing has issued a license as a registered nurse or licensed practical nurse or an individual licensed as a registered nurse or licensed practical nurse who resides in another state that has been granted multistate licensing privileges by the South Carolina Board of Nursing may practice nursing in any facility or activity licensed by the Department subject to the provisions and conditions as indicated in the Nurse Licensure Compact Act.

CC. Licensee. The individual, corporation, organization, or public entity that has been issued a license to provide care, treatment, and services at a facility and with whom rests the ultimate responsibility for compliance with this regulation.

DD. Local Transportation. The maximum travel distance the facility shall undertake, as addressed by the resident written agreement, to secure or provide healthcare for the resident. Local transportation shall be based on a reasonable assessment of the proximity of customary healthcare resources in the region, such as the nearest hospitals, physicians, or other healthcare providers, and appropriate consideration of resident preferences.

EE. Medication. A substance that has therapeutic effects, including, but not limited to, legend, nonlegend, herbal products, over-the-counter, nonprescription, vitamins, and nutritional supplements.

FF. Neglect. The failure or omission of a staff member to provide the care, goods, or services necessary to maintain the health or safety of a resident including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services. Failure to provide adequate supervision resulting in harm to residents, including altercations or acts of assault between residents, may constitute neglect. Neglect may be repeated conduct or a single incident that has produced or could result in physical or psychological harm or substantial risk of death. Noncompliance with regulatory standards alone does not constitute neglect.

GG. Nonlegend Drug. A drug which may be sold without a prescription and which is labeled for use by the consumer in accordance with the requirements of the laws of this state and the federal government.

HH. Physical Examination. An examination of a resident by a physician or other authorized healthcare provider which addresses those issues identified in Section 1100 of this regulation.

II. Physician. An individual currently licensed to practice medicine by the South Carolina Board of Medical Examiners.

JJ. Physician Assistant. An individual currently licensed as such by the South Carolina Board of Medical Examiners.

KK. Quarterly. A time period that requires an activity to be performed at least four (4) times a year within intervals ranging from eighty-one to ninety-nine (81 to 99) days.

LL. Repeat Violation. The recurrence of a violation cited under the same section of the regulation within a thirty-six (36) month period. The time period determinant of repeat violation status is applicable in instances when there are ownership changes.

MM. Resident. Any individual who has been admitted for treatment in a residential treatment facility.

NN. Resident Room. An area enclosed by four (4) ceiling high walls that can house one (1) or more residents of the facility.

OO. Residential Treatment Facility for Children and Adolescents. A facility operated for the assessment, diagnosis, treatment, and care of two (2) or more children and/or adolescents in need of mental health treatment which provides:

1. An education program, including a program for students with disabilities, that meets all applicable federal and state requirements, as defined by the South Carolina Department of Education (SCDE). The education program may be provided at the facility, if appropriate space is available to provide a free appropriate public education in the least restrictive environment, or an alternate location;

2. Recreational facilities with an organized youth development program; and

3. Residential treatment for a child or adolescent in need of mental health treatment.

PP. Responsible Party. A person who is authorized by law to make decisions on behalf of a resident, to include, but not be limited to, a court-appointed guardian (or legal guardian as referred to in the Resident's Bill of Rights) or conservator, or healthcare or other durable power of attorney.

QQ. Restraint. Any means by which movement of a resident is inhibited, for example, physical, mechanical, or chemical. In addition, devices shall be considered a restraint if a resident is unable to easily release from the device.

RR. Revocation of License. An action by the Department to cancel or annul a facility license by recalling, withdrawing, or rescinding its authority to operate.

SS. Risk Assessment. An initial and ongoing evaluation of the risk for transmission of *M. tuberculosis* in a particular healthcare setting. To perform a risk assessment, the following factors shall be considered: the community rate of TB, number of TB residents encountered in the setting, and the speed with which residents with TB disease are suspected, isolated, and evaluated. The TB risk assessment determines the types of administrative and environmental controls and respiratory protection needed for a setting.

TT. Sponsor. The public agency or individual involved in one (1) or more of the following: protective custody authorized by law, placement, providing ongoing services, or assisting in providing services to a resident(s) consistent with the wishes of the resident or responsible party or specific administrative or court order.

UU. Staff Member. An adult, to include the administrator, who is a compensated employee or contract employee of the facility on either a full- or part-time basis.

VV. Suspension of License. An action by the Department requiring a facility to cease operations for a period of time or to require a facility to cease admitting residents, until such time as the Department rescinds that restriction.

WW. Volunteer. An adult who performs tasks at the facility at the direction of the administrator without compensation.

102. License Requirements (II)

A. License. No person, private or public organization, political subdivision, or governmental agency shall establish, operate, maintain, or represent itself by advertising or marketing, as a Residential Treatment Facility for Children and Adolescents in South Carolina without first obtaining a license from the Department. The facility shall not admit residents prior to the effective date of the license. When it has been determined by the Department that room, board, and a degree

of personal care to two (2) or more children or adolescents unrelated to the owner is being provided at a location, and the owner has not been issued a license from the Department to provide such care, the owner shall cease operation immediately and ensure the safety, health, and well-being of the occupants. Current and/or previous violations of state law and/or Department regulations may jeopardize the issuance of a license for the facility or the licensing of any other facility, or addition to an existing facility which is owned and/or operated by the licensee. The facility shall provide only the care and services it is licensed to provide pursuant to the definition in Section 101.00 of this regulation. (I)

B. Compliance. An initial license shall not be issued to a proposed facility that has not been previously and continuously licensed under Department regulations until the licensee has demonstrated to the Department that the proposed facility is in substantial compliance with the licensing standards. In the event a licensee who already has a facility or activity licensed by the Department makes application for another facility or increase in licensed bed capacity, the currently licensed facility or activity shall be in substantial compliance with the applicable standards prior to the Department issuing a license to the proposed facility or amended license to the existing facility. A copy of the licensing standards shall be maintained at the facility and accessible to all staff members. Facilities shall comply with applicable local, state, and federal laws, codes, and regulations.

C. Compliance with Structural Standards. Facilities licensed at the time of promulgation of these regulations shall be allowed to continue utilizing the previously-licensed structure without modification.

D. Licensed Bed Capacity. No facility that has been authorized to provide a set number of licensed beds, as identified on the face of the license, shall exceed the bed capacity. No facility shall establish new care or services or occupy additional beds or renovated space without first obtaining authorization from the Department. (I)

E. Persons Received in Excess of Licensed Bed Capacity. No facility shall receive for care or services persons in excess of the licensed bed capacity, except in case of justified emergencies. (I)

EXCEPTION: In the event that the facility temporarily provides shelter for evacuees who have been displaced due to a disaster, then for the duration of that emergency, provided the health, safety, and well-being of all residents are not compromised, it is permissible to temporarily exceed the licensed capacity for the facility in order to accommodate these individuals (See Section 606).

F. Issuance and Terms of License.

1. A license is issued by the Department and shall be posted in a conspicuous place in a public area within the facility.

2. The issuance of a license does not guarantee adequacy of individual care, services, personal safety, fire safety, or the well-being of any resident or occupant of a facility.

3. A license is not assignable or transferrable and is subject to revocation at any time by the Department for the licensee's failure to comply with the laws and regulations of this state.

4. A license shall be effective for a specified facility, at a specific location(s), for a specified period following the date of issue as determined by the Department. A license shall remain in effect until the Department notifies the licensee of a change in that status.

5. Facilities owned by the same entity but are not located on the same adjoining or contiguous property shall be separately licensed. Road or local streets, except limited access, such as interstate highways, shall not be considered as dividing otherwise adjoining or contiguous property. Facilities owned by the same entity, separate licenses are not required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

6. Multiple types of facilities on the same premises shall be licensed separately even if owned by the same entity.

G. Facility Name. No proposed facility shall be named nor shall any existing facility have its name changed to the same or similar name as any other facility licensed in South Carolina. The Department shall determine if names are similar. If the facility is part of a "chain operation," it shall have the geographic area in which it is located as part of its name.

H. Application. Applicants for license shall submit to the Department a complete and accurate application on a form prescribed and furnished by the Department prior to initial licensing and periodically thereafter at intervals determined by the Department. The application shall include both the applicant's oath assuring that the contents of the application are accurate and true, and that the applicant will comply with this regulation. The application shall be signed by the owner(s) if an individual or partnership; or in the case of a corporation, by two (2) of its officers; or in the case of a governmental unit, by the head of the governmental department having jurisdiction over it. The application shall set forth the full name and address of the facility for which the license is sought and of the owner(s) in the event his or her address is different from that of the facility, and the names of persons in control thereof. The Department may require additional information, including affirmative evidence of the applicant's ability to comply with these regulations. Corporations or limited partnerships, limited liability companies, or any other organized business entity must be registered with the South Carolina Office of the Secretary of State if required to do so by state law.

I. Licensing Fees. The annual license fee shall be ten dollars (\$10.00) per licensed bed or seventy-five dollars (\$75.00), whichever is greater. Such fee shall be made payable by check or credit card to the Department and is not refundable. Fees for additional beds shall be prorated based upon the remaining months of the licensure years.

J. Late Fee. Failure to submit a renewal application or fee by the license expiration date may result in a late fee of seventy-five dollars (\$75.00) or twenty-five percent (25%) of the licensing fee amount, whichever is greater, in addition to the licensing fee. Continual failure to submit completed and accurate renewal applications and/or fees by the time period specified by the Department may result in an enforcement action.

K. License Renewal. For a license to be renewed, applicants shall file an application with the Department, pay a license fee, and shall not be undergoing enforcement actions by the Department. If the license renewal is delayed due to enforcement actions, the renewal license shall be issued only when the matter has been resolved satisfactorily by the Department, or when the adjudicatory process is completed, whichever is applicable.

L. Change of License.

1. A facility shall request issuance of an amended license, by application to the Department, prior to any of the following circumstances:

- a. Change of ownership by purchase or lease;
- b. Change of licensed bed capacity; or
- c. Change of facility location from one geographic site to another.

2. Changes in facility name or address, as notified by the post office, shall be accomplished by application or by letter from the licensee.

M. Exceptions to Licensing Standards. The Department has the authority to make exceptions to these standards where the Department determines the health, safety, and well-being of the residents are not compromised, and provided the standard is not specifically required by statute.

SECTION 200 - ENFORCEMENT OF REGULATIONS

201. General

The Department shall utilize inspections, investigations, consultations, or other pertinent documentation regarding a proposed or licensed facility in order to enforce this regulation.

202. Inspections and Investigations

A. Inspections shall be conducted prior to initial licensing of a facility. The Department, at its own determination, may also conduct subsequent inspections. (I)

B. All facilities are subject to inspection or investigation at any time without prior notice by individuals authorized by the South Carolina Code of Laws. When staff members and/or residents are absent, the facility shall provide information to those seeking legitimate access to the facility, including visitors, as to the expected return of the staff members and/or residents. (I)

C. Individuals authorized by South Carolina law shall be allowed to enter the facility for the purpose of inspection and/or investigation and granted access to all properties and areas, objects, and records in a timely manner, and have the authority to require the facility to make photocopies of those documents required in the course of inspections or investigations. Photocopies shall be used only for purposes of enforcement of regulations and confidentiality shall be maintained except to verify the identity of individuals in enforcement action proceedings. Physical area of inspections shall be determined by the extent to which there is potential impact or affect upon residents as determined by the inspector. (I)

D. A facility found noncompliant with the standards of this regulation or governing statute shall submit an acceptable written plan of correction to the Department that shall be signed by the Administrator and returned by the date specified by the Department. The written plan of correction shall describe: (II)

- 1. The actions taken to correct each cite deficiency;
- 2. The actions taken to prevent recurrences (actual and similar); and

3. The actual or expected completion dates of those actions.

E. Reports of inspections or investigations conducted by the Department, including the facility response, shall be provided to the public upon written request with the redaction of the names of those individuals in the reports as provided by S.C. Code Sections 44-7-310 and 44-7-315.

F. In accordance with S.C. Code Section 44-7-260, the Department may charge a fee for inspections. The fee for initial and biennial routine inspections shall be three hundred fifty dollars (\$350.00) plus eight dollars (\$8.00) per licensed bed. The fee for follow-up inspections shall be two hundred dollars (\$200.00) plus eight dollars (\$8.00) per licensed bed.

203. Consultations

Consultations shall be provided by the Department as requested by the facility or as deemed appropriate by the Department.

SECTION 300 - ENFORCEMENT ACTIONS

301. General

When the Department determines that a facility is in violation of any statutory provision, rule, or regulation relating to the operation or maintenance of a facility, the Department, upon proper notice to the licensee, may impose a monetary penalty, and deny, suspend, or revoke its license.

302. Violation Classifications

Violations of standards in this regulation are classified as follows:

A. Class I violations are those that the Department determines to present an imminent danger to the health and safety of the persons in the facility or a substantial probability that death or serious physical harm could result therefrom. A physical condition, one or more practices, means, methods, or operations in use in a facility may constitute such a violation. The condition or practice constituting a Class I violation shall be abated or eliminated immediately unless a fixed period of time, as stipulated by the Department, is required for correction. Each day such violation exists after expiration of this time may be considered a subsequent violation.

B. Class II violations are those, other than Class I violations, that the Department determines to have a negative impact on the health, safety, or well-being of persons in the facility. The citation of a Class II violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time may be considered a subsequent violation.

C. Class III violations are those that are not classified as Class I or II in these regulations or those that are against the best practices as interpreted by the Department. The citation of a Class III violation shall specify the time within which the violation is required to be corrected. Each day such violation exists after expiration of this time may be considered a subsequent violation.

D. Class I and II violations are indicated by notation after each applicable section, as “(I)” or “(II).” Sections not annotated in that manner denote Class III violations. A classification at the

beginning of a section and/or subsection applies to all subsections following, unless otherwise indicated.

E. In arriving at a decision to take enforcement action, the Department will consider the following factors:

1. Specific conditions and their impact or potential impact on the health, safety, or well-being of the residents including, but not limited to: deficiencies in medication management, such as evidence that residents are not routinely receiving their prescribed medications; serious waste water problems, such as toilets not operating or open sewage covering the grounds; housekeeping, maintenance, or fire and life safety related problems that pose a health threat to the residents; power, water, gas, or other utility and/or service outages; residents exposed to air temperature extremes that jeopardize their health; unsafe condition of the building or structure, such as a roof in danger of collapse; indictment of an administrator for malfeasance or a felony, which by its nature, such as dealing drugs, indicates a threat to the residents; direct evidence of abuse, neglect, or exploitation; lack of food or evidence that the residents are not being fed properly; no staff available at the facility with residents present; unsafe procedures or treatment being practiced by staff; (I)

2. Repeated failure of the licensee or facility to pay assessed charges for utilities and/or services resulting in repeated or ongoing threats to terminate the contracted utilities and/or services; (II)

3. Efforts by the facility to correct cited violations;

4. Overall conditions of the facility;

5. History of compliance; and

6. Any other pertinent conditions that may be applicable to current statutes and regulations.

F. When a decision is made to impose monetary penalties, the Department may utilize the following schedule as a guide to determine the dollar amount:

Frequency of violation of standard within a thirty-six (36) month period:

MONETARY PENALTY RANGES

| FREQUENCY | CLASS I | CLASS II | CLASS III |
|------------------|----------------|-----------------|------------------|
| 1st | \$500-1500 | \$300-800 | \$100-300 |
| 2nd | 1000-3000 | 500-1500 | 300-800 |
| 3rd | 2000-5000 | 1000-3000 | 500-1500 |
| 4th | 5000 | 2000-5000 | 1000-3000 |

| | | | |
|--------------|------|------|-----------|
| 5th | 5000 | 5000 | 2000-5000 |
| 6th and more | 5000 | 5000 | 5000 |

SECTION 400 - POLICIES AND PROCEDURES (II)

A. Written policies and procedures addressing each section of this regulation regarding resident care, rights, and the operation of the facility shall be developed and implemented, and revised as required in order to accurately reflect actual facility operation. Each facility shall have a clear written statement of its purpose and objectives. This policy shall include a specifically delineated description of the services the facility offers, in order to provide a frame of reference for judging the various aspects of the program. The policy shall also include:

1. The population to be served, age groups, and other limitations;
2. The initial screening process;
3. Intake and/or admission process;
4. Methods for involving family members or significant others in assessment, treatment, and follow-up plans;
5. An organizational chart with a description of each unit or department and its services, goals, policies and procedures, staffing patterns and its relationship to other services and departments and how these are to contribute to the priorities and goals of the facility; and
6. Plan for cooperation with other public and private entities to ensure that each resident will receive comprehensive treatment, to include any working arrangement contracts and any regularly scheduled conferences.

B. Facilities shall review of all policies and procedures, at a minimum of every two (2) years, and such reviews shall be documented. These policies and procedures shall be accessible and available to staff at all times, and shall be available to residents and/or their responsible parties upon their request for review.

SECTION 500 - STAFF AND TRAINING

501. Governing Authority

The governing board, or the owner, or the person or persons designated by the owner as the governing authority shall be the supreme authority responsible for the management control of the facility and is ultimately accountable for the safety of residents and staff and the quality of care, treatment, and services provided.

502. Administrator (II)

A. The facility administrator shall be designated by the governing body or licensee and is in charge of and responsible for the administration of the facility.

B. An administrator appointed subsequent to the promulgation of these regulations shall have a baccalaureate or associate degree with at least two (2) years of experience in a health-related field within the past five (5) years.

C. The administrator shall demonstrate adequate knowledge of these regulations.

D. A staff member shall be designated in writing to act in the absence of the administrator, for example, a listing of the lines of authority by position title, including the names of the persons filling these positions.

503. Personnel (II)

A. Prior to being employed or contracted as a staff member by a licensed facility, an individual shall undergo a criminal background check pursuant to S.C. Code Section 44-7-2910. Documentation of the results of the background check shall be maintained by the facility. Staff members of the facility shall not have a prior conviction or pled no contest (nolo contendere) to abuse, neglect, or exploitation of a child or a vulnerable adult.

B. No facility shall knowingly employ or retain an individual who has been convicted of having committed a crime of violence, an offense against morality and decency or contributed to the delinquency of a minor. Violent crimes include, but are not limited to, such offenses as simple assault committed within the last three (3) years; assault and battery; assault and battery of a high and aggravated nature; assault with a deadly weapon; assault with intent to kill; pointing and presenting a firearm; criminal sexual conduct in the first, second, or third degree (rape); all forms of homicide, such as murder and manslaughter; kidnapping; and arson. Offenses against morality and decency include, but are not limited to, committing or attempting lewd acts upon a child under fourteen (14); knowingly distributing obscene material to a minor under sixteen (16); knowingly employing or using a minor under sixteen (16) to disseminate or promote obscene matter; photographing of a minor for an obscene film or photograph; dissemination of sexually oriented material to minors. Conviction includes the results of a jury trial, guilty plea, plea of no contest, or forfeiture of bond in cases of a misdemeanor. (I)

C. Staff members shall be provided the necessary training to perform the duties for which they are responsible in an effective manner. (I)

D. Staff members shall have at least the following qualifications: (I)

1. Capable of rendering care and services to residents;
2. Sufficient education to be able to perform their duties, and to speak, read, and write English;
and
3. Demonstrate a working knowledge of applicable regulations.

E. There shall be accurate and current information maintained regarding all staff members of the facility, to include at least address, phone number, and personal, work, and training background.

F. All staff members shall be assigned certain duties and responsibilities which shall be in writing and in accordance with the individual's capability.

G. When a facility engages a source other than the facility to provide services normally provided by the facility, such as staffing, training, recreation, food service, professional consultant, maintenance, or transportation, there shall be a written agreement with the source that describes how and when the services are to be provided, the exact services to be provided, and that these services are to be provided by qualified individuals. The source shall comply with this regulation in regard to resident care, services, and rights.

504. Staff (I)

A. There shall be a direct care staff member actively on duty and present in the facility at all times that the facility is occupied by residents and to whom the residents can immediately report injuries, symptoms of illness, or emergencies. This staff member shall recognize and report significant changes in the physical, mental, or behavioral condition of each resident and shall ensure that appropriate action is taken.

B. The number and qualifications of staff members shall be determined by the number and condition of the residents. There shall be sufficient staff members to provide supervision, direct care, and basic services for all residents.

C. The facility shall maintain documentation to ensure the facility meets the requirements of Section 505.

505. Direct Resident Care Staffing

A. There shall be a physician or authorized healthcare provider on-call twenty-four (24) hours a day, and his or her name and where he or she can be reached shall be clearly posted in accessible places for all staff. (I)

B. At least one (1) registered nurse shall be immediately accessible by phone and available in the facility within thirty (30) minutes. Additional onsite coverage by licensed nurses shall be required if needed depending upon the size of the facility and needs of the residents served. Nursing personnel shall be assigned to duties consistent with their training and experience. (I)

C. An adequate number of licensed and direct care staff shall be on duty to meet the total needs of the residents. (I)

506. Inservice Training (I)

A. Documentation of all inservice training shall be signed and dated by both the individual providing the training and the individual receiving the training. The following training shall be provided by appropriate resources, such as licensed, registered, or certified persons, books, or electronic media, to all staff members in the context of their job duties and responsibilities, prior to resident contact and at a frequency determined by the facility, but at least annually unless otherwise specified by certificate, such as cardiopulmonary resuscitation (CPR):

1. Basic first-aid to include emergency procedures as well as procedures to manage and/or care for minor accidents or injuries;

2. Management and care of persons with contagious and/or communicable disease, such as hepatitis, tuberculosis, or HIV infection;

3. Medication management including storage, administration, receiving orders, securing medications, interactions, and adverse reactions;

4. Depending on the type of residents, care of persons specific to the physical or mental condition being care for in the facility, such as cognitive disability, mental illness, or aggressive, violent, and/or inappropriate behavioral symptoms, to include understanding and coping with behaviors, safety, and activities;

5. Use of restraint techniques;

6. Crisis management;

7. OSHA standards regarding blood-borne pathogens;

8. Cardiopulmonary resuscitation (CPR) for designated staff members to ensure that there is a certified staff member present whenever residents are in the facility;

9. Confidentiality of resident information and records;

10. Resident Rights;

11. Fire response training within twenty-four (24) hours of their first day on the job in the facility (See Section 1502);

12. Emergency procedures and disaster preparedness within twenty-four (24) hours of their first day on the job in the facility (See Section 1401); and

13. Activity training (for designated staff only).

B. All new staff members shall have documented orientation to the organization and environment of the facility, specific duties and responsibilities of staff members and residents' needs within twenty-four (24) hours of their first day on the job in the facility.

507. Health Status (I)

All staff members who have contact with residents, including food service staff members, shall have a health assessment within twelve (12) months prior to initial resident contact. The health assessment shall include tuberculin skin testing in accordance with Section 1702.

SECTION 600 - REPORTING

601. Accidents and/or Incidents

A. A facility shall maintain a record of each accident and/or incident, including usage of mechanical and/or physical restraints, involving residents, staff members, or visitors, occurring in the facility or on the facility grounds. A facility's record of each accident and/or incident shall be documented, reviewed, investigated, and if necessary, evaluated in accordance with facility policies

and procedures, and retained by the facility for six (6) years after the resident stops receiving services.

B. The licensee shall report each accident and/or incident resulting in unexpected death or serious injury to the next of kin or party responsible for each affected individual at the earliest practicable hour, not to exceed twenty-four (24) hours. The licensee shall notify the Department immediately, not to exceed twenty-four (24) hours, via telephone, email, or facsimile. The licensee shall submit a report of the licensee's investigation of the accident and/or incident to the Department within five (5) days. Accidents and/or incidents requiring reporting include, but are not limited to:

1. Crime(s) against resident;
2. Confirmed or suspected cases of abuse, neglect, or exploitation;
3. Medication error with adverse reaction;
4. Hospitalization as a result of the accident and/or incident;
5. Severe hematoma, laceration, or burn requiring medical attention or hospitalization;
6. Fracture of bone or joint;
7. Severe injury involving the use of restraints;
8. Attempted suicide;
9. Fire; and
10. Resident left without notification or elopement.

C. A facility shall immediately report every serious accident and/or incident to the attending physician, next of kin or responsible party, and local law enforcement when applicable, for example, abuse and suspected abuse, neglect, or exploitation of resident, crime against resident, or elopement. The Department shall be notified via telephone, email, or facsimile within twenty-four (24) hours of the serious accident and/or incident.

D. A facility shall submit a written report of its investigation of every serious accident and/or incident to the Department within five (5) calendar days of the serious accident and/or incident. A facility's written report to the Department shall provide at a minimum:

1. Facility name;
2. License number;
3. Type of accident and/or incident;
4. Date accident and/or incident occurred;
5. Number of residents directly injured or affected;
6. Resident record number or last four (4) digits of Social Security Number;

7. Resident age and sex;
8. Number of staff directly injured or affected;
9. Number of visitors directly injured or affected;
10. Name(s) of witness(es);
11. Identified cause of accident and/or incident;
12. Internal investigation results if cause unknown; and

13. Brief description of the accident and/or incident including the location of occurrence and treatment of injuries.

E. A facility shall retain a report of every serious accident and/or incident with all of the information provided to the Department and the names, injuries, and treatments associated with each resident, staff, and/or visitor involved.

F. The administrator or his or her designee shall report abuse and suspected abuse, neglect, or exploitation of residents to the appropriate agency and/or law enforcement, such as the Department of Social Services and the South Carolina Law Enforcement Division.

602. Fire and Disasters (II)

A. The administrator or his or her designee shall immediately notify the Department via telephone or email of any fire in the facility and submit to the Department a complete written report including fire department reports, if any, within seventy-two (72) hours of the occurrence of the fire.

B. The administrator or his or her designee shall report any natural disaster or fire requiring displacement of the residents or jeopardizing or potentially jeopardizing the safety of the residents to the Department via telephone or email immediately, with a complete written report including the fire department or other applicable reporting authority submitted within seventy-two (72) hours.

603. Communicable Diseases and Animal Bites (I)

All cases of diseases and animal bites which are required to be reported to the appropriate county health department shall be accomplished in accordance with Regulation 61-20, Communicable Diseases.

604. Administrator Change

The licensee shall notify the Department in writing within seventy-two (72) hours of any change in administrator status. The licensee shall provide the Department in writing within ten (10) days the name of the newly-appointed administrator, the effective date of the appointment, and the hours each day the individual will be working as the administrator of the facility.

605. Accounting of Controlled Substances (II)

Any facility registered with the Department's Bureau of Drug Control and the United States Drug Enforcement Agency shall report any theft or loss of controlled substances to local law enforcement and to the Department's Bureau of Drug Control upon discovery of the loss or theft.

606. Emergency Placement Notification

In instances where evacuees have been relocated, the Department shall be notified by the relocating facility in writing no later than the following workday, the names of the individuals relocated and the name, address, and phone number of the Department-approved temporary sheltering facility(ies) to which the residents have been relocated. Relocation to the receiving facility shall not exceed five (5) days. Prior to the fifth (5th) day, if the facility determines an extension of time is needed, the facility shall request approval from the Department.

607. Facility Closure

A. Prior to the permanent closure of a facility, the licensee shall notify the Department in writing of the intent to close and the effective closure date. Within ten (10) days of closure, the facility shall notify the Department of the provisions for the maintenance of the records, the identification of those residents displaced, the relocated site, and the dates and amounts of resident refunds. On the date of closure the license shall be returned to the Department.

B. In instances where a facility temporarily closes, the licensee shall notify the Department in writing within fifteen (15) days prior to temporary closure. In the event of temporary closure due to an emergency, the facility shall notify the Department within twenty-four (24) hours of the closure via telephone, email, or facsimile. At a minimum, this notification shall include, but not be limited to: the reason for the temporary closure, the location where the residents have or will be transferred, the manner in which the records are being stored, and the anticipated date for reopening. The Department shall consider, upon appropriate review, the necessity of inspecting and determining the applicability of current construction standards of the facility prior to its reopening. If the facility is closed for a period longer than one (1) year, and there is a desire to reopen, the facility shall reapply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

608. Zero Census

In instances when there have been no residents in a facility for any reason for a period of ninety (90) days or more, the facility shall notify the Department in writing that there have been no admissions, no later than the one hundredth (100th) day following the date of departure of the last active resident. At the time of this notification, the Department shall consider, upon appropriate review of the situation, the necessity of inspecting the facility prior to any new and/or readmissions to the facility. The facility shall still submit an application and pay the licensing fee to keep the license active, even though the facility is at zero census or temporarily closed. If the facility has no residents for a period longer than one (1) year, and there is a desire to admit a resident, the facility shall reapply to the Department for licensure and shall be subject to all licensing requirements at the time of that application, including construction-related requirements for a new facility.

SECTION 700 - RESIDENT RECORDS

701. Content (II)

A. The facility shall initiate and maintain onsite an organized record for each resident. The record shall contain sufficient documented information to identify the resident and the agency and/or person responsible for each resident; support the diagnosis, secure the appropriate care and/or services as needed; justify the care and/or services provided to include the course of action taken and results; the symptoms or other indications of sickness or injury; changes in physical, mental, and/or behavioral condition; the response or reaction to care, medication, and diet provided; and promote continuity of care among providers, consistent with acceptable standards of practice. All entries shall be written legibly in ink, typed or electronic media, and signed and dated.

B. Specific entries and/or documentation shall include at a minimum:

1. Personal data sheet to include the following information, when obtainable: resident name; address including county; occupation; date of birth; sex; marital status; race; religion; county of birth; father's name; mother's maiden name; husband's or wife's name; health insurance number; provisional diagnosis; case number; days of care; Social Security number; name of the person providing information; name, address, and telephone number of person(s) to be notified in the event of an emergency; name and address of referral source; name of attending physician; and date and hour of admission;

2. Consultations by physicians or other authorized healthcare providers;

3. Orders and recommendations for all medication, care, services, procedures, and diet from physicians or other authorized healthcare providers, which shall be completed prior to, or within forty-eight (48) hours after admission, and thereafter as warranted. Verbal orders received shall be documented and include the date and time of receipt of the order, description of the order, and identification of the individual receiving the order;

4. Medication Administration Record (MAR) or similar document for recording of medications, treatments, and other pertinent data and procedures followed if an error is made;

5. Special examinations, if any, for example, consultations, clinical laboratory, x-ray and other examinations;

6. Notes of observation. In instances that involve significant changes in a resident's medical and/or mental condition and/or the occurrence of a serious incident, notes of observation shall be documented at least daily until the condition is stabilized and/or the incident is resolved. In all other instances, notes of observation for residents shall be documented;

7. Progress notes from all treatment services;

8. Time, circumstances, final diagnosis and condition of discharge, transfer, or death. In case of death, cause and autopsy findings, if an autopsy is performed;

9. Provisions for routine and emergency medical care, to include the name and telephone number of the resident's physician, plan for payment, and plan for securing medications;

10. Special information, such as proof of legal guardianship status, allergies, power of attorney, or responsible party;

11. Photograph of resident. Resident photographs shall be at a minimum two and one half inches by three and one half inches (2.5" by 3.5") in size, dated no more than twelve (12) months

old, unless significant changes in appearance have occurred necessitating a more recent photograph;

12. Psychological testing;
13. Childhood development history;
14. Immunization history;
15. Psychosocial assessment, care plan;
16. Preadmission identification of current legal status, such as proof of custody;
17. Educational testing and prior educational records, when available upon request;
18. Treatment plan;
19. Activities assessment, care plan; and
20. Comprehensive treatment plan formulated by interdisciplinary team.

702. Initial Assessment and Treatment Planning

A. A written initial assessment of the resident shall be conducted and dated and signed by all participants to ensure appropriateness of placement prior to admission, but no later than seventy-two (72) hours after admission.

B. An initial treatment plan shall be formulated, written, and interpreted to the staff and resident within seventy-two (72) hours of admission.

703. Comprehensive Assessment

A. The facility shall describe the treatment modalities it provides, including content, methods, equipment, and personnel involved. Each treatment program shall conform to the stated purpose and objectives of the agency. (II)

B. Assessment. The facility is responsible for a comprehensive assessment of the resident by reliable professionals acceptable to the facility's staff. The complete assessment shall be signed and dated by all participants and shall include, but is not limited to, the following:

1. Psychiatric. The assessment includes direct evaluation and behavioral appraisal, evaluation of sensory, motor functioning, a mental status examination appropriate to the age of the resident and a psychodynamic appraisal. A history of any previous treatment for mental, emotional, or behavioral disturbances shall be obtained, including the nature, duration, and results of the treatment, and the reason for termination.

2. Psychological. The psychological assessment includes appropriate testing.

3. Developmental and Social.

a. The developmental assessment of the resident includes the prenatal period and from birth until present, the rate of progress, developmental milestones, developmental problems, and past experiences that may have affected the development. The assessment shall include an evaluation of the resident's strengths as well as problems. Consideration shall be given to the healthy developmental aspects of the resident, as well as to the pathological aspects, and the effects that each has on the other. There shall be an assessment of the resident's current age-appropriate developmental needs, which shall include a detailed appraisal of his peer and group relationships and activities.

b. The social assessment includes evaluation of the resident's relationships within the structure of the family and with the community at large, and evaluation of the characteristics of the social, peer group, and institutional settings from which the resident comes. Consideration shall be given to the resident's family circumstances, including the constellation of the family group, their current living situation, and all social, religious, ethnic, cultural, financial, emotional, and health factors. Other factors that shall be considered are past events and current problems that have affected the resident and family; potentialities of the family members meeting the resident's needs; and their accessibility to help in the treatment and rehabilitation of the resident. The expectations of the family regarding the resident's treatment, the degree to which they expect to be involved, and their expectations as to the length of time and type of treatment required shall be assessed.

4. Nursing. The nursing screening includes, but is not limited to, the evaluation of:

a. Self-care capabilities including bathing, sleeping, and eating;

b. Hygienic practices, such as routine dental and physical care and establishment of healthy toilet habits;

c. Nutritional habits including a balanced diet and appropriate fluid and caloric intake;

d. Responses to physical diseases, such as acceptance by the resident of a chronic illness as manifested by his compliance with prescribed treatment;

e. Responses to physical disabilities, such as the use of prosthesis or coping patterns used by the visually impaired; and

f. Responses to medications, such as allergies or dependence.

5. Educational and/or Vocational. Residents shall be evaluated using appropriate educational and vocational assessments.

6. Recreational. The resident's work and play experiences, activities, interests, and skills shall be evaluated in relation to planning appropriate recreational activities.

704. Individual Treatment Plan (II)

A. Using the written assessment, the facility shall develop, within fourteen (14) days of admission, an Individual Treatment Plan (ITP) with participation of the resident, administrator or designee, and/or the sponsor or responsible party when appropriate, as evidenced by their signatures and date. The ITP shall be reviewed and/or revised as changes in resident needs occur, but not less than semi-annually with the administrator or designee, and/or the sponsor or responsible party as evidenced by their signatures and date.

B. The comprehensive treatment plan shall be formulated for each resident by a multidiscipline staff, written and placed in his or her records within fourteen (14) days of admission. This plan must be reviewed at least every ninety (90) days, or more frequently if the objectives of the program indicate. Review shall be noted in the record. A psychiatrist as well as multidisciplinary professional staff shall participate in the preparation of the plan and any major revisions.

C. The ITP shall describe the following:

1. Requirements and arrangements for visits by or to physicians or other authorized healthcare providers;

2. Recreational and social activities which are suitable, desirable, and important to the well-being of the resident; and

3. Nutritional needs.

D. The ITP shall delineate the responsibilities of the sponsor and of the facility in meeting the needs of the resident, including provisions for the sponsor to monitor the care and the effectiveness of the facility in meeting those needs. Included shall be specific goal-related objectives based on the needs of the resident as identified during the assessment phase, including adjunct support service needs, other special needs, and the methods for achieving objectives and meeting needs in measurable terms with expected achievement dates.

705. Record Maintenance

A. The licensee shall provide accommodations, space, supplies, and equipment adequate for the protection and storage of resident records.

B. When a resident is transferred from one facility to another, a transfer summary to include, at a minimum, copies of the most recent physical examination, the two-step tuberculosis test, the ITP and medication administration record (MAR), shall be forwarded to the receiving facility at the time of transfer or immediately after the transfer if the transfer is of an emergency nature. The transfer summary shall include the date sent and the signature of the transferring facility staff member. (I)

C. The resident record is confidential and shall be made available only to individuals authorized by the facility and/or the South Carolina Code of Laws. (II)

D. Records generated by organizations and/or individuals contracted by the facility for care or services shall be maintained by the facility that has admitted the resident.

E. The facility shall determine the medium in which information is stored.

F. Upon discharge of a resident, the record shall be completed within thirty (30) days, and filed in an inactive or closed file maintained by the licensee. Prior to the closing of a facility for any reason, the licensee shall arrange for preservation of records to ensure compliance with these regulations. The licensee shall notify the Department, in writing, describing these arrangements and the location of the records.

G. Records of residents shall be maintained for at least six (6) years following the discharge of the resident. Other regulation-required documents, for example, fire drills and activity schedules, shall be retained at least twelve (12) months or since the most recent Department general inspection, whichever is the longer period.

H. Records of minors shall be retained until after the expiration of the period of election following achievement of majority as prescribed by statute.

I. Records of current residents are the property of the facility and shall be maintained at the facility and shall not be removed without court order.

EXCEPTION: When a resident moves from one licensed facility to another within the same provider network, meaning the same licensee, the original record may follow the resident; the sending facility shall maintain documentation of the resident's transfer or discharge date and identification information. In the event of change of ownership of the facility, all active resident records or copies of active resident records shall be transferred to the new owner(s).

SECTION 800 - ADMISSION AND RETENTION

A. Admission shall be in keeping with stated policies of the facility and shall be limited to those persons for whom the facility is qualified by staff, program, and equipment to give adequate care. (II)

B. The admission procedure shall include documentation concerning: (II)

1. Consent for admission and treatment;
2. Proof of legal guardianship status;
3. Consent for medical, surgical, and dental care and treatment;
4. Guidelines for appropriate family participation in the program, communications, contact, and visits when indicated;
5. Guidelines for appropriate clothing, allowances, and gifts;
6. Guidelines for the resident's leaving the facility with medical or multidisciplinary clinical staff's consent; and
7. Financial responsibility.

C. Acceptance of a child or adolescent for continuing residential treatment shall be based on a documented assessment which shall be clearly explained to the resident and the family as evidenced by their signatures. Whether the family and/or guardian voluntarily requested services or the resident was referred by the court or other agency, the facility shall involve the family's participation to the fullest extent possible. (II)

D. Acceptance of the child or adolescent for treatment shall be based on the determination by a licensed physician, preferably psychiatrist, that the child or adolescent does not need acute psychiatric hospitalization, but does need treatment of a comprehensive and intensive nature and is

likely to benefit from the programs the facility has to offer. This determination shall be documented and reviewed by the physician and treatment team at least monthly. (II)

E. Staff members who will be working with the resident, but who did not participate in the initial assessment, shall be oriented regarding the resident prior to meeting the resident. The orientation shall be documented. When the resident is to be assigned to a group, the other residents in the group shall be prepared for the arrival of the new member. There shall be a staff member(s) assigned to the new resident to observe the resident and help the resident with the unit orientation period. The staff member(s) assigned to the new resident shall be documented. (II)

SECTION 900 - RESIDENT CARE AND SERVICES

901. General

A. Prior to admission, there shall be a written agreement between the resident, and/or his or her responsible party, and the facility, as evidenced by their signatures. The agreement shall be revised upon any changes and shall include at least the following:

1. An explanation of the specific care, services, and/or equipment provided by the facility, such as administration of medication or provision of special diet as necessary;
 2. Disclosure of fees for all care, services, and/or equipment provided;
 3. The facility shall ensure that each resident has a primary physician and a psychiatrist who maintain familiarity with the resident's physical and mental health status. Physicians, psychiatrists, and other clinicians shall be licensed to practice in South Carolina as required by state law;
 4. Advance notice requirements of not less than thirty (30) days to change fee amount for care, services, and/or equipment;
 5. Refund policy to include when monies are refunded upon discharge, transfer, or relocation;
 6. The amount a resident receives for his or her personal needs allowance, if applicable;
 7. Transportation policy;
 8. Discharge and transfer provisions to include the conditions under which the resident may be discharged and the agreement terminated; and
 9. Documentation of the explanation of the Resident's Rights and the grievance procedure.
- (II)

B. The facility shall coordinate with residents to provide care, including diet, services, such as routine and emergency medical care, dental care, counseling, and medications, as ordered by a physician or other authorized healthcare provider. Such care shall be provided and coordinated among those responsible during the process of providing such care and services and modified as warranted based upon any changing needs of the resident. Such care and services shall be detailed in the ITP. (I)

C. The facility shall render care and services in accordance with orders from physicians or other authorized healthcare providers and take precautions for residents with special conditions. The

facility shall assist in activities of daily living as needed and appropriate. Each facility is required to provide only those activities of daily living and only to the levels specifically designated in the written agreement between the resident, and/or his or her responsible party or guardian, and the facility. (I)

D. The facility shall provide necessary items and assistance, if needed, for residents to maintain their personal cleanliness. (II)

E. The provision of care and services to residents shall be guided by the recognition of and respect for cultural differences to ensure reasonable accommodations shall be made for residents with regard to differences, such as, but not limited to, religious practice and dietary preferences.

F. In the event of closure of a facility for any reason, the facility shall ensure continuity of care and services by promptly notifying the resident's attending physician or other authorized healthcare provider, and responsible party, and arranging for referral to other facilities at the direction of the physician or other authorized healthcare provider. (II)

902. Program Activities

A. The facility shall offer a variety of recreational programs to suit the interests and capabilities of the residents that choose to participate. The facility shall provide recreational activities that provide stimulation; promote or enhance physical, mental, and/or emotional health; are age-appropriate; and are based on input from the residents and/or responsible party, as well as information obtained in the initial assessment.

B. There shall be at least one (1) different structured recreational activity provided daily each week that shall accommodate residents' needs, interests, and capabilities as indicated in the ITPs.

C. The facility shall develop the recreational program, and provide and coordinate recreational activities for the residents, including maintaining recreational supplies.

D. The recreational supplies shall be adequate and shall be sufficient to accomplish the activities planned.

E. Appropriate, organized programs of recreational and social activities shall be provided for all residents for daytime, evenings, and weekends. Resident participation shall be based on the resident's therapeutic needs, and shall be documented in the clinical record. A current month's schedule shall be posted in order for residents to be made aware of activities offered. This schedule shall include activities, dates, times, and locations. Schedules of any planned activities shall be maintained.

F. Program goals of the facility shall include those activities designed to promote the growth and development of the residents, regardless of diagnosis or age level. There shall be positive relationships with community resources, and the facility staff shall enlist the support of these resources to provide opportunities for residents to participate in community activities as they are able. (II)

1. The size and composition of each living group shall be therapeutically planned and depend on age, developmental level, sex, and clinical conditions. It shall allow for appropriate staff-resident interaction, security, close observation, and support. A written description of the facility's

philosophy regarding group size, group composition and staff involvement, including group management and supervision, shall be maintained in the facility.

2. Basic routines shall be delineated in a written plan which shall be available to all personnel. The daily program shall be planned to provide a consistent, well-structured, yet flexible, framework for daily living and shall be periodically reviewed and revised as the needs of the individual resident or living group change. Basic daily routine, as motivated by the therapeutic needs of the resident, shall be included in the residents' written treatment plan.

3. Opportunity shall be provided for all residents to participate in religious services and other religious activities within the framework of their individual and family interests and based on the resident's clinical status.

4. Each South Carolina resident of lawful school age, both with and without disabilities, residing in a facility shall receive educational services that meet all applicable federal and state requirements, as determined by the South Carolina Department of Education (SCDE), from the school district where the facility is located. If clinically appropriate, the facility school district, the facility, and the parent or guardian of a school age resident who is referred to or placed in a facility may consider the appropriateness of providing the student's education program virtually through enrollment in either the school district's virtual program, the South Carolina Virtual School program provided through the SCDE, or a virtual charter school authorized by the South Carolina Public Charter School District. This decision shall be made jointly with the best interest of the student and what is clinically indicated being considered.

5. The facility shall arrange for or provide vocational or prevocational training for residents in the facility for whom it is indicated.

a. If there are plans for work experience developed as part of the resident's overall treatment plan, the work shall be for payment, as appropriate, and shall not be for the purpose of the facility's financial gain.

b. Residents shall not be solely responsible for any major phase of institutional operation or maintenance, such as cooking, laundering, housekeeping, farming, yard work, or repairing. Residents shall not be considered as substitutes for employed staff.

c. Attention shall be given to state and federal employment laws, including wages and hours.

903. Transportation (I)

The facility shall secure or provide transportation for residents when a physician's services are needed. Local, as defined by the facility, transportation for medical reasons shall be provided by the facility. If a physician's services are not immediately available and the resident's condition requires immediate medical attention, the facility shall provide or secure transportation for the resident to the appropriate healthcare providers, such as, but not limited to, physicians, dentists, physical therapists, or for treatment at renal dialysis facilities.

904. Restraints and Seclusion (I)

A. The facility shall have current written policies and procedures for using seclusion or any form of restraint. Seclusion or other forms of restraint shall not be used for staff convenience or as a substitute for treatment.

B. Periodic or continuous mechanical, physical, or chemical restraints or seclusion during routine care of a resident shall not be used, nor shall residents be restrained for staff convenience or as a substitute for care and/or services. However, in cases of extreme emergencies when a resident is a danger to him or herself or others, mechanical and/or physical restraints may be used as ordered by a physician or other authorized healthcare provider, and until appropriate medical care can be secured. All forms of restraint or seclusion shall be documented when used.

C. Only those devices specifically designed as restraints may be used. Makeshift restraints shall not be used under any circumstance.

D. Emergency restraint or seclusion orders shall specify the reason for the use of the restraint, the type of restraint to be used, the maximum time the seclusion or restraint may be used, and instructions for observing the resident while restrained, if different from the facility's written procedures. Residents certified by a physician or other authorized healthcare provider as requiring restraint for more than twenty-four (24) hours shall be transferred to an appropriate facility.

E. During emergency restraint or seclusion, residents shall be monitored at least every fifteen (15) minutes, and provided an opportunity for motion and exercise at least every thirty (30) minutes. Prescribed medications and treatments shall be administered as ordered, and residents shall be offered nourishment and fluids and given bathroom privileges.

F. The use of mechanical restraints or seclusion shall be documented in the resident's record. Documentation shall include the date and time implemented, length of time restrained or secluded, specific behaviors necessitating restraint or seclusion, pertinent observations while resident is restrained or secluded, checking of the resident for adequate circulation and comfortable position, and the offering, provision, or refusal of range of motion, bathroom privileges, fluids, and nourishment.

G. The use of mechanical restraints or seclusion shall be evaluated as part of the next treatment plan review. Program staff shall consider alternative strategies to handle the behavior that necessitated the use of mechanical restraint or seclusion. Consideration shall be documented in the resident's record. If mechanical restraints or seclusion are needed more than twenty-four (24) hours, the resident shall be transferred to a facility capable of providing proper care.

H. A room used for seclusion shall have at least forty (40) square feet of floor space and be free of safety hazards, adequately ventilated during warm weather, adequately heated during cold weather, and appropriately lighted. All parts of the room shall be clearly visible from the outside.

I. All items or articles that a resident might use to injure him or herself shall be removed from the room used for seclusion.

J. At least a mat and bedding shall be provided in the seclusion room except when a physician's orders are to the contrary.

905. Discharge and Transfer

A. Discharge planning begins at the time of admission. A discharge date shall be projected in the treatment plan. Discharge orders shall be signed by a physician. A discharge summary shall be included in the resident's record. Discharge planning shall include input from the multidiscipline staff. (II)

B. Prior to discharge, the resident, his or her appropriate family member, and the sponsor, if any, shall be consulted.

C. There shall be a written plan for follow-up services, either by the facility or another agency. (II)

D. Arrangements for alternative and more appropriate placement shall be made prior to the twenty-first (21st) birthday of any resident who needs continued treatment. (II)

E. Upon transfer or discharge of a resident, resident information shall be released in a manner that promotes continuity in the care that serves the best interests of the resident.

F. Upon transfer or discharge, the facility shall ensure that medications, as appropriate, personal possessions and funds are released to the responsible party and/or the receiving facility in a manner that ensures continuity of care and services and maximum convenience of the resident. (II)

SECTION 1000 - RIGHTS AND ASSURANCES

1001. General

A. The facility shall develop and post in a conspicuous place in a public area of the facility a grievance and complaint procedure to be exercised on behalf of the residents that includes the address and phone number of the Department and a provision prohibiting retaliation should the grievance right be exercised.

B. Care, services, and items provided by the facility, the charges, and those services that are the responsibility of the resident shall be delineated in writing. The resident shall be made aware of such charges and/or services and changes to charges and/or services as verified by the signature of the resident or responsible party.

C. The facility shall comply with all relevant federal, state, and local laws and regulations concerning discrimination, such as Title VII, Section 601 of the Civil Rights Act of 1964, and ensure that there is no discrimination with regard to source of payment in the recruitment, location of resident, acceptance or provision of goods and services to residents or potential residents.

D. Residents shall not be requested or required to perform any type of care and/or service in the facility that would normally be the duty of a staff member.

E. Adequate safeguards shall be provided for protection and storage of residents' personal belongings.

F. Provisions shall be made for safeguarding money and valuables for those residents who request this assistance.

1002. Statement of Rights of Residents

A. Each resident shall be afforded the following rights: (II)

1. The right to be treated with consideration, respect, and dignity, including privacy in treatment and in care for personal needs;

2. The right to be cared for in an atmosphere of sincere interest and concern in which needed support and services are provided;

3. The right to a safe, secure, and clean environment;

4. The right to confidentiality;

5. The right to voice grievances without discrimination or reprisal;

6. The right to be free from harm, including isolation, excessive medication if applicable, abuse, or neglect;

7. The right to be fully informed, at the time of acceptance into the program, of services and activities available and related charges;

8. The right to communicate with others and be understood by them to the extent of the resident's capability;

9. The right to visitation of the resident's family and significant others unless clinically contraindicated and documented in the resident's records. Appropriate areas for visitation shall be provided;

10. The right to conduct private telephone conversations with family and friends and to send and receive mail. When restrictions are necessary because of therapeutic or practical reasons, these reasons shall be documented, explained to the resident and family and reevaluated at least monthly; and

11. The right to be fully informed, as evidenced by the resident's written acknowledgement of these rights, of all rules and regulations regarding resident conduct and responsibilities.

B. The Statement of Rights of Residents shall be posted in a conspicuous place in the facility.

SECTION 1100 - RESIDENT PHYSICAL EXAMINATION

A. A physical examination shall be completed by a physician or other authorized healthcare provider for residents within thirty (30) days prior to admission or within forty-eight (48) hours of admission and at least annually thereafter. Physical examinations conducted by physicians or other authorized healthcare providers licensed in other states are permitted for new admissions under the condition that the resident undergoes a second physical examination by a South Carolina licensed physician or other authorized healthcare provider within thirty (30) days of admission to the facility. The physical examination shall be updated to include new medical information if the resident's condition has changed since the last physical examination was completed. The physical examination shall address:

1. Complete medical history;

2. Neurological screening;

3. Motor development and functioning;

4. Dental screening upon admission and at least every six (6) months thereafter;
5. Speech, hearing, and language screening;
6. Vision screening;
7. Review of immunization status and completion;
8. Laboratory work-up, including routine blood work and urinalysis; and
9. Two-step tuberculosis skin test, in accordance with Section 1702.D, unless there is a documented previous positive reaction.

B. If any of the physical health assessments in Section 1100.A indicate the need for further testing or definitive treatment, arrangements shall be made to carry out or obtain the necessary evaluations and/or treatment by appropriately qualified and/or trained clinicians, and plans for these treatments shall be coordinated with the resident's overall treatment plan.

C. If a resident or potential resident has a communicable disease, the administrator shall seek advice from a physician or other authorized healthcare provider in order to:

1. Ensure the facility has the capability to provide adequate care and prevent the spread of that condition, and that the staff members are adequately trained; and
2. Transfer the resident to an appropriate facility, if necessary.

SECTION 1200 - MEDICATION MANAGEMENT

1201. General (I)

A. Medications, including controlled substances, medical supplies, and those items necessary for the rendering of first aid shall be available and properly managed in accordance with local, state, and federal laws and regulations. Such management shall address the securing, storing, and administering of medications, medical supplies, first aid supplies, and biologicals, their disposal when discontinued or outdated, and their disposition at discharge, death, or transfer of a resident.

B. There shall be an adequate number of first aid kits stored with appropriate safeguards but accessible to staff in appropriate locations such as living units, recreation and special purpose areas, buses, and otherwise. A first aid kit shall be equipped with at least an antiseptic solution, adhesive bandages, rolled bandages, gauze pads, medical adhesive tape, cotton-tip applications, and scissors.

C. Applicable reference materials published within the previous three (3) years shall be available at the facility in order to provide staff members administering medication with adequate information concerning medications.

1202. Medication and Treatment Orders (I)

A. Medications and treatments shall be administered to residents only upon orders, to include standing orders, of a physician or other authorized healthcare provider. Medications accompanying residents at admission may be administered to residents provided the medication is in the original labeled container and the order is subsequently obtained as part of the admission physical

examination. Should there be concerns regarding the appropriateness of administering medications due to the condition or state of the medication, for example, expired, makeshift or illegible labels, or the condition or state of health of the newly-admitted resident, staff members shall consult with or make arrangements to have the resident examined by a physician or other authorized healthcare provider, or at the local hospital emergency room prior to administering any medications.

B. All orders, including verbal orders, shall be received only by legally authorized staff members and shall be signed and dated by a physician or other authorized healthcare provider no later than seventy-two (72) hours after the order is given.

C. Medications and medical supplies ordered for a specific resident shall not be provided or administered to any other resident.

1203. Administering Medication and Treatments (I)

A. Doses of medication shall be administered by the same staff member who prepared them for administration. Preparation shall occur no earlier than one (1) hour prior to administering. Preparation of doses for more than one (1) scheduled administration shall not be permitted. Each physician-ordered treatment or medication dose administered or supervised shall be properly recorded by initialing on the resident's medication administration record (MAR) as the medication is administered or treatment record as treatment is rendered. Recording medication administration shall include medication name, dosage, mode of administration, date, time, and the signature of the individual administering or supervising the taking of the medication. If the ordered dosage is to be given on a varying schedule, such as, "take two tablets the first day and one tablet every other day by mouth with noon meal," the number of tablets shall also be recorded. The treatment record shall document the type of treatment, date and time of treatment, and signature of the individual administering treatment.

B. Medications shall be administered only by staff members legally authorized to administer the medication(s). (II)

C. When residents leave the facility for an extended period of time, the proper amount of medications, along with dosage, mode, date, and time of administration, shall be given to a responsible person who will be in charge of the resident during his or her absence from the facility; these details shall be properly documented in the MAR. In these instances, the amount of medication needed for the designated period of time may be transferred to a prescription vial or bottle that is properly labeled.

D. At each shift change, there shall be a documented review of the MARs by outgoing staff members with incoming staff members that shall include verification by outgoing staff members that they have properly administered medications in accordance with orders by a physician or other authorized healthcare provider, and have documented the administrations. Errors and/or omissions indicated on the MARs shall be addressed and corrective action taken at that time.

1204. Pharmacy Services (I)

A. Any pharmacy within the facility shall be provided by or under the direction of a pharmacist in accordance with accepted principles and appropriate local, state, and federal laws and regulations.

B. Facilities which maintain stocks of legend drugs and biologicals for dispensing to residents shall obtain and maintain a valid, current pharmacy permit from the South Carolina Board of Pharmacy.

C. Labeling of medications dispensed to residents shall be in compliance with local, state, and federal laws and regulations, to include expiration date.

D. A consulting pharmacist shall assist in developing policies and procedures for the administration of medication. The consulting pharmacist shall conduct monthly reviews of medication and medication records in all locations where medications are stored and shall submit at least monthly reports to the facility administrator and make recommendations for improvements concerning the handling, storage, and labeling of medications at the facility.

E. Provisions shall be made for emergency pharmaceutical service. (II)

1205. Medication Containers (I)

A. Medications for residents shall be obtained from a permitted pharmacy or prescriber on an individual prescription basis. These medications shall bear a label affixed to the container which reflects at least the following: name of pharmacy, name of resident, name of the prescribing physician or other authorized healthcare provider, date and prescription number, directions for use, and the name and dosage unit of the medication. The label shall be brought into accord with the directions of the physician or other authorized healthcare provider each time the prescription is refilled. Medication containers having soiled, damaged, incomplete, illegible, or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Residents may obtain their over-the-counter (OTC) medication from a pharmacy other than a pharmacy contracted with the facility.

B. If a physician or other authorized healthcare provider changes the dosage of a medication, a label, which does not obscure the original label, shall be attached to the container which indicates the new dosage, date, and prescriber's name. In lieu of this procedure, it is acceptable to attach a label to the container that states, "Directions changes; refer to MAR and physician or other authorized healthcare provider orders for current administration instructions." The new directions shall be communicated to the pharmacist upon receipt of the order.

1206. Medication Storage (I)

A. Medications shall be properly stored and safeguarded in a locked medicine preparation room (See Section 2603) or locked in a cabinet at or near the staff work area to prevent access by unauthorized individuals. If medication carts are utilized for storage, they shall be locked when not in use. When the medication cart is in use, it shall be supervised by staff legally authorized to administer medications. Expired or discontinued medications shall not be stored with current medications. Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively impact medication effectiveness or shelf life.

B. Medications requiring refrigeration shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia, thirty-six to forty-six (36-46) degrees Fahrenheit, and recommended by the medication manufacturer. Medications requiring refrigeration shall be kept in a secured refrigerator, at or near the staff work area, used exclusively for medications, or in a secured manner in which medications are separated from other items in the refrigerator, such as a lock box. Food and drinks shall not be stored in the same refrigerator. All refrigerators storing medications shall have accurate thermometers, within plus or minus three (3) degrees Fahrenheit.

C. Medications shall be stored:

1. Separately from poisonous substances or body fluids; and
2. In a manner which provides for separation between topical and oral medications, and which provides for separation of each individual resident's medication.

D. A facility shall maintain records of receipt, administration, and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation including:

1. Separate control sheets on any controlled substances. This record shall contain the following information: date, time administered, name of resident, dose, signature of individual administering, name of physician or other legally authorized healthcare provider ordering the medication; and

2. At each shift change, a documented review of the control sheets by outgoing staff members with incoming staff members including verification by outgoing staff members indicating they have properly administered medications in accordance with orders by a physician or other authorized healthcare provider, and have documented the administrations. Errors and/or omissions indicated on the control sheets shall be addressed and corrective action taken at that time.

E. Unless the facility has a permitted pharmacy, legend medications shall not be stored except those specifically prescribed for individual residents. Nonlegend medications that can be obtained without a prescription may be retained and labeled as stock in the facility for administration as ordered by a physician or other authorized healthcare provider.

1207. Disposition of Medications (I)

A. Upon discharge of a resident, the facility shall release unused medications to the resident's family member or responsible party, in accordance with applicable law, and shall document the release with the signature of the person receiving the unused medications unless specifically prohibited by the attending physician or other authorized healthcare provider.

B. Residents' medications shall be destroyed by the facility administrator or his or her designee when:

1. Medication has deteriorated or exceeded its expiration date; or
2. Unused portions remain due to death or discharge of the resident, or discontinuance of the medication. Medication that has been discontinued by order may be stored for a period not to exceed thirty (30) days provided they are stored separately from current medications.

C. The destruction of medication shall be witnessed by the administrator or his or her designee, the mode of destruction indicated, and these steps documented. Destruction records shall be retained by the facility for a period of two (2) years.

D. The destruction of controlled substances shall be accomplished only by the administrator or his or her designee and witnessed by the administrator or his or her designee licensed to administer medications.

SECTION 1300 - MEAL SERVICE

1301. General (II)

A. All facilities that prepare food onsite shall be approved by the Department, and shall be regulated, inspected, and permitted pursuant to Regulation 61-25, Retail Food Establishments. Facilities preparing food onsite and licensed subsequent to the promulgation of these regulations shall have kitchen equipment which meets the requirements of R.61-25. If food is prepared at a central kitchen and delivered to separate facilities or separate buildings and/or floors of the same facility, Department approved provisions shall be made for the proper maintenance of food temperatures and a sanitary mode of transportation.

B. When meals are catered to a facility, such meals shall be obtained from a food service establishment permitted by the Department, pursuant to R.61-25, and there shall be a written executed contract with the food service establishment. All food to be served to residents shall be transported, stored, and handled in accordance with R.61-25. Food temperatures shall be maintained in accordance with R.61-25.

C. Liquid or powder soap dispensers and sanitary paper towels shall be available and used at each food service handwash lavatory. Alcohol-based waterless hand sanitizers shall not be used in lieu of liquid or powder soap.

1302. Food and Food Storage

For facilities preparing food onsite, at least a one (1) week supply of staple foods and a two (2) day supply of perishable foods shall be maintained on the premises. Supplies shall be appropriate to meet the requirements of the menu and special or therapeutic diets. (II)

1303. Meals and Services

A. All facilities shall provide dietary services to meet the daily nutritional needs of the residents in accordance with the USDA guidelines and the Recommended Dietary Allowance of the National Research Council for children and adolescents. (I)

B. A minimum of three (3) nutritionally-adequate meals, in accordance with Section 1303.A above, in each twenty-four (24) hour period, shall be provided for each resident unless otherwise directed by the resident's physician or other authorized healthcare provider. Not more than fourteen (14) hours shall elapse between the serving of the evening meal and breakfast the following day. (II)

C. Special attention shall be given to preparation and prompt serving in order to maintain correct food temperatures for serving at the table or resident room. (II)

D. The same foods shall not be repetitively served during each seven (7) day period except to honor specific, individual resident requests.

E. Specific times for serving meals shall be established, documented on a posted menu, and followed.

F. Suitable food and snacks shall be available and offered between meals. (II)

G. Residents shall be encouraged to eat in the dining room at mealtime. Tray service shall be permitted when the resident is medically unable to access the dining area for meals, in which case it may be provided on an occasional basis unless otherwise indicated in the facility's policies and procedures. Under no circumstances may staff members utilize tray service for their own convenience. (II)

1304. Meal Service Personnel (II)

A. Sufficient staff members shall be available to serve food and to provide individual attention and assistance, if needed.

B. Dietary services shall be organized with established lines of accountability and clearly defined job assignments for those engaged in food preparation and serving. There shall be trained staff members to supervise the preparation and serving of the proper diet to the residents including having sufficient knowledge of food values in order to make appropriate substitutions when necessary. The facility shall not permit residents to engage in food preparation.

1305. Diets

A. If the facility accepts or retains residents in need of medically-prescribed special diets, the menus for such diets shall be planned by a professionally-qualified dietitian or shall be reviewed and approved by a physician or other authorized healthcare provider. The facility shall maintain staff capable of the preparation and serving of any special diet, such as a diabetic diet. The preparation of any resident's special diet shall follow the written guidance provided by a registered dietitian, physician, or other authorized healthcare provider authorizing the resident's special diet. For each resident receiving a special diet, this written guidance shall be documented in the resident's record. (I)

B. If special diets are required, the necessary equipment for preparation of those diets shall be available and utilized.

C. A dietitian shall be employed on a consultative basis. Responsibilities of the dietitian shall be:

1. To observe the operation of the Food Service Program and to provide suggestions for improvement based on those observations;

2. To develop and/or approve menus which meet acceptable nutrition standards;

3. To assist with the development and implementation of dietary policies and procedures;

4. To prepare specialized menus for residents who have orders from a physician regarding a special diet and provide instruction for the dietary staff regarding how to prepare any special food items;

5. To review resident charts and counsel with a resident and family regarding special dietary needs;

6. To provide inservice for staff as indicated;

7. To develop food service documentation procedures and review records of the documentation; and

8. To prepare quarterly quality assurance reports for review of Food Services.

D. A diet manual published within the previous five (5) years shall be available and shall address at a minimum:

1. Food sources and food quality;

2. Food protection storage, preparation, and service;

3. Meal service personnel health and cleanliness;

4. Recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences food serving recommendations;

5. General menu planning; and

6. Menu planning appropriate to special needs or other appropriate diets.

1306. Menus

A. Menus shall be planned and written a minimum of one (1) week in advance and dated as served. The current week's menu, including routine and special diets and any substitutions or changes made, shall be readily available and posted in one (1) or more conspicuous places in a public area. All substitutions made on the master menu shall be recorded in writing. Cycled menus shall be rotated so that the same weekly menu is not duplicated for at least a period of three (3) weeks.

B. Records of menus as served shall be maintained for at least thirty (30) days.

1307. Ice and Drinking Water (II)

A. Ice from a water system that is in compliance with Regulation 61-58, State Primary Drinking Water Regulations, shall be available and precautions taken to prevent contamination. The ice scoop shall be stored in a sanitary manner outside of the ice container.

B. Potable drinking water shall be available and accessible to residents at all times.

C. The usage of common cups shall be prohibited.

D. Ice delivered to resident areas in bulk shall be in nonporous, covered containers that shall be cleaned after each use.

SECTION 1400 - EMERGENCY PROCEDURES AND DISASTER PREPAREDNESS

1401. Disaster Preparedness (II)

A. All facilities shall develop, by contact and consultation with their county emergency preparedness agency, a suitable written plan for actions to be taken in the event of a disaster and/or emergency evacuation and implement the written plan for actions at the time of need. Prior to initial licensing of a facility, the completed plan shall be submitted to the Department for review.

Additionally, in instances where there are applications for increases in licensed bed capacity, the emergency and disaster evacuation plan shall be updated to reflect the proposed new total licensed bed capacity. All staff members shall be made familiar with this plan and instructed as to any required actions. A copy of the emergency and disaster evacuation plan shall be available for inspection by the resident and/or responsible party upon request. The emergency and disaster evacuation plan shall be reviewed and updated annually, as appropriate. Staff members shall rehearse the emergency and disaster evacuation plan at least annually and shall not require resident participation.

B. The emergency and disaster evacuation plan shall include, but not be limited to,:

1. A sheltering plan to include:

a. The licensed bed capacity and average occupancy rate;

b. Name, address, and phone number of the sheltering facility(ies) to which the residents will be relocated during a disaster;

c. A letter of agreement signed by an authorized healthcare representative of each sheltering facility which shall include: the number of relocated residents that can be accommodated; sleeping, feeding, and medication plans for the relocated residents; and provisions for accommodating relocated staff members. The letter shall be updated with the sheltering facility at least every three (3) years and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper, and Georgetown counties, at least one (1) sheltering facility shall be located in a county other than these counties; and

d. Maximum duration of time the sheltering facility will be used for a single emergency or disaster incident.

2. A transportation plan, to include agreements with entities for relocating residents, which addresses:

a. Number and type of vehicles required;

b. How and when the vehicles are to be obtained;

c. Who, by name or organization, will provide drivers;

d. Procedures for providing appropriate medical support, food, water, and medications during transportation and relocation based on the needs and number of the residents;

e. Estimated time to accomplish the relocation; and

f. Primary and secondary routes to be taken to the sheltering facility.

3. A staffing plan for the relocated residents, to include:

a. How care will be provided to the relocated residents, including the number and type of staff members that will accompany residents who are relocated;

b. Prearranged transportation arrangements to ensure staff members are relocated to the sheltering facility; and

c. Cosigned statement by an authorized representative of the sheltering facility if staffing is to be provided by the sheltering facility.

1402. Emergency Call Numbers

Emergency call data shall be posted in a conspicuous place and shall include at least the telephone numbers of local fire and police departments, ambulance service, and the poison control center. Other emergency call information shall be available, to include the names, addresses, and telephone numbers of staff members to be notified in case of emergency.

1403. Continuity of Essential Services (II)

There shall be a written plan to be implemented to ensure the continuation of essential resident support services for such reasons as power outage, water shortage, or in the event of the absence from work of any portion of the workforce resulting from inclement weather or other causes.

SECTION 1500 - FIRE PREVENTION AND PROTECTION

1501. Arrangements for Fire Department Response and Protection (I)

A. A facility shall develop, in coordination with its supporting fire department and/or disaster preparedness agency, a suitable written plan for actions to be taken in the event of fire and other emergencies. All employees shall be made familiar with these plans and instructed as to required action.

B. A facility shall meet all of the requirements prescribed by the South Carolina State Fire Marshal.

C. Where a facility is located outside of a service area or range of a public fire department, a facility shall make arrangements to have the nearest fire department respond in case of fire. A facility shall keep a copy of the agreement on file in the facility.

1502. Fire Response Training (I)

A. Each employee of the facility shall receive within twenty-four (24) hours of initial resident contact and annually thereafter instructions covering:

1. The fire plan;
2. The fire evacuation plan, including routes and procedures;
3. How to report a fire;
4. How to use the fire alarm system;
5. Location and use of fire-fighting equipment;
6. Methods of containing a fire; and

7. Specific responsibilities of the individual.

B. A facility shall maintain records of training including the date, names of participating individuals, and a description of the training.

1503. Fire Drills (I)

A. A facility shall conduct a fire drill for each shift at least once every three (3) months.

B. A facility shall maintain records of drills including the date, time, shift, and names of individuals participating, description of the drill, and evaluation.

C. Fire drills shall be designed and conducted to:

1. Ensure that all personnel are capable of performing assigned tasks or duties;
2. Ensure that all personnel know the location, use, and operation of fire-fighting equipment;
3. Ensure that all personnel are thoroughly familiar with the fire plan; and
4. Evaluate the effectiveness of plans and personnel.

SECTION 1600 - PREVENTATIVE MAINTENANCE

A facility shall keep all equipment and building components, such as doors, windows, lighting fixtures, and plumbing fixtures, in good repair and operating condition. A facility shall document all preventative maintenance. A facility shall comply with the provisions of the codes applicable to residential treatment facilities referenced in Section 1902.

SECTION 1700 - INFECTION CONTROL AND ENVIRONMENT

1701. Staff Practices (I)

Staff practices shall promote conditions that prevent the spread of infectious, contagious, or communicable diseases and provide for the proper disposal of toxic and hazardous substances. These preventive measures and practices shall be in compliance with applicable regulations and guidelines of the Occupational Safety and Health Administration, for example, the Bloodborne Pathogens Standard; the Centers for Disease Control and Prevention, for example, Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices and the Hospital Infection Control Practices Advisory Committee; Regulation 61-105; and other applicable state, federal and local laws and regulations.

1702. Tuberculin Skin Testing (I)

A. All facilities shall conduct an annual tuberculosis risk assessment in accordance with CDC guidelines to determine the appropriateness and frequency of tuberculosis screening and other tuberculosis related measures to be taken.

B. The risk classification, such as low risk or medium risk, shall be used as part of the risk assessment to determine the need for an ongoing TB screening program for staff and residents and

the frequency of screening. A risk classification shall be determined for the entire facility. In certain settings, such as, healthcare organizations that encompass multiple sites or types of services, specific areas defined by geography, functional units, resident population, job type, or location within the setting, may have separate risk classifications.

C. Staff Tuberculin Skin Testing.

1. Tuberculosis Status. Prior to date of hire or initial resident contact, the tuberculosis status of direct care staff shall be determined in the following manner in accordance with the applicable risk classification:

2. Low Risk:

a. Baseline two-step Tuberculin Skin Test (TST) or a single Blood Assay for *Mycobacterium tuberculosis* (BAMT): All staff, within three (3) months prior to contact with residents, unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered to serve as the baseline.

b. Periodic TST or BAMT is not required.

c. Post-exposure TST or a BAMT for staff upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to twelve (8 to 12) weeks after that exposure to *M. tuberculosis* ended.

3. Medium Risk:

a. Baseline two-step TST or a single BAMT: All staff, within three (3) months prior to contact with residents, unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly employed staff has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST, or the single BAMT, can be administered to serve as the baseline.

b. Periodic testing (with TST or BAMT): Annually, of all staff who have risk of TB exposure and who have previous documented negative results. Instead of participating in periodic testing, staff with documented TB infection (positive TST or BAMT) shall receive a symptom screen annually. This screen shall be accomplished by educating the staff about symptoms of TB disease, including the staff responses, documenting the questioning of the staff about the presence of symptoms of TB disease, and instructing the staff to report any such symptoms immediately to the Administrator. Treatment for latent TB infection (LTBI) shall be considered in accordance with CDC and Department guidelines and, if recommended, treatment completion shall be encouraged.

c. Post-exposure TST or a BAMT for staff upon unprotected exposure to *M. tuberculosis*: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all staff who have had unprotected exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to twelve (8 to 12) weeks after that exposure to *M. tuberculosis* ended.

4. Baseline Positive or Newly Positive Test Result:

a. Staff with a baseline positive or newly positive test result for *M. tuberculosis* infection, such as TST or BAMT, or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, such as, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease, or evaluate an interpretable copy taken within the previous three (3) months. These staff members shall be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and shall be encouraged to follow the recommendations made by a physician with TB expertise, such as the Department's TB Control program.

b. Staff with positive TST results, regardless of when that conversion was first documented, shall document that conversion, document a subsequent negative chest radiograph, and receive a negative assessment for signs and symptoms of TB before they may be hired or admitted, as appropriate.

c. Staff who are known or suspected to have TB disease shall be excluded from work, required to undergo evaluation by a physician, and permitted to return to work only with approval by the Department TB Control program. Repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician.

D. Resident Tuberculosis Screening Procedures.

1. Residents shall have evidence of a two-step tuberculin (TST) skin test. If the resident has a documented negative tuberculin skin test (at least single-step) within the previous twelve (12) months, the resident shall have only one (1) tuberculin skin test to establish a baseline status.

2. Residents shall have at least the first step within thirty (30) days prior to admission and no later than forty-eight (48) hours after admission pursuant to the physical examination as specified in Section 1100.

3. Residents with Positive Tuberculosis Results.

a. Residents with a baseline positive or newly positive test result for *M. tuberculosis* infection, such as a TST or blood assay for *Mycobacterium tuberculosis* (BAMT), or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, for example, cough, weight loss, night sweats, or fever, shall have a chest radiograph performed immediately to exclude TB disease, or evaluate an interpretable copy taken within the previous three (3) months. Routine repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These residents shall be evaluated for the need for treatment of TB disease or LTBI and shall be encouraged to follow the recommendations made by a physician with TB expertise, such as the Department's TB Control program.

b. Residents known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room in accordance with Section 101.C, required to undergo evaluation by a physician, and permitted to return to the facility only upon consultation with the Department's TB Control program.

1703. Housekeeping (II)

A. Effective measures shall be taken to protect against the entrance of vermin into the facility and the breeding or presence of vermin on the premises.

B. Interior housekeeping shall, at a minimum, include:

1. Cleaning each specific area of the facility;

2. Cleaning and disinfection, as needed, of equipment use and/or maintained in each area appropriate to the area and the equipment's purpose or use;

3. Cleaning and disinfection to prevent offensive odors; and

4. Safe storage of chemicals indicated as harmful on the product label, cleaning materials, and supplies in locked cabinets, or well-lighted closets and/or rooms, inaccessible to residents. If cleaning carts are utilized for storage, they shall be locked when not in use. When the cleaning cart is in use, it shall be supervised by authorized staff.

C. Exterior housekeeping shall, at a minimum, include:

1. Cleaning of all exterior areas, such as porches and ramps, and removal of safety impediments, such as snow and ice;

2. Keeping facility grounds free of weeds, rubbish, clutter, overgrown landscaping, and other potential breeding sources for vermin;

3. Storage areas for chemicals indicated as harmful on the product label, equipment, and supplies, shall be locked and inaccessible to residents. When in use, chemicals indicated as harmful on the product label, equipment, and supplies shall be supervised by authorized staff; and

4. Refuse storage and disposal shall be in accordance with R.61-25.

1704. Infectious Waste (I)

Accumulated waste, including all contaminated sharps, dressings, and/or similar infectious waste, shall be disposed of in a manner compliant with OSHA Blood-borne Pathogens Standard, and Regulation 61-105, Infectious Waste Management.

1705. Clean and Soiled Linen and Clothing (II)

A. Clean Linen and Clothing. An adequate supply of clean, sanitary linen and clothing shall be available at all times. In order to prevent the contamination of clean linen and/or clothing by dust or other airborne particles or organisms, clean linen and clothing shall be stored and transported in a sanitary manner, such as enclosed and covered. Linen and clothing storage rooms shall be used only for the storage of linen and clothing. Clean linen and clothing shall be separated from storage of other purposes.

B. Soiled Linen and Clothing.

1. Soiled linen and clothing shall neither be sorted, rinsed, nor washed outside of the laundry service area;

2. Provisions shall be made for collecting, transporting, and storing soiled linen and clothing;
3. Soiled linen and clothing shall be kept in enclosed and/or covered containers.

SECTION 1800 - QUALITY IMPROVEMENT PROGRAM

A. There shall be a written, implemented quality improvement program that provides effective self-assessment and implementation of changes designed to improve the care and services provided by the facility.

B. The quality improvement program, at a minimum, shall:

1. Establish desired outcomes and the criteria by which policy and procedure effectiveness is regularly, systematically, and objectively accomplished;
2. Identify, evaluate, and determine the causes of any deviation from the desired outcomes;
3. Identify the action taken to correct deviations and prevent future deviation, and the person(s) responsible for implementation of these actions;
4. Analyze the appropriateness of the ITPs and the necessity of care and services rendered;
5. Analyze all accidents and incidents, to include all medication errors and resident deaths;
6. Analyze any infection, epidemic outbreaks, or other unusual occurrences which threaten the health, safety, or well-being of the residents; and
7. Establish a systematic method of obtaining feedback from residents and other interested persons, such as, family members and peer organizations, as expressed by the level of satisfaction with care and/or services received.

SECTION 1900 - DESIGN AND CONSTRUCTION

1901. General (II)

A. A facility shall be planned, designed, and equipped to provide and promote the health, safety, and well-being of each resident. A facility shall meet the requirements of an institutional healthcare facility and shall not be considered dormitory use. Spaces within or associated with the facility provided educational program, whether dedicated solely to education or shared with other activities, shall meet the requirements of the most recent edition of the South Carolina School Facilities Planning and Construction Guide.

B. A facility shall have a fire protection sprinkler system.

1902. Codes and Standards (II)

A. Facility design and construction shall comply with provisions of the codes officially adopted by the South Carolina Building Codes Council, the South Carolina State Fire Marshal, and the South Carolina Department of Education Office of School Facilities applicable to residential treatment and educational facilities. No facility shall be licensed unless the Department has

assurance that responsible state and local officials, zoning and building, have approved the facility for code compliance.

B. Unless specifically required otherwise by the Department, all facilities shall comply with the construction codes and regulations applicable at the time its license was issued.

1903. Submission of Plans (II)

A. Plans and specifications shall be submitted to the Department for review and approval for new construction, additions or alterations to existing buildings, replacement of major equipment, buildings being licensed for the first time, buildings changing license type, and for facilities increasing occupant load or licensed capacity. Final plans and specifications shall be prepared by an architect and/or engineer registered in South Carolina and shall bear their seals and signatures. Architectural plans shall also bear the seal of a South Carolina registered architectural corporation. Unless directed otherwise by the Department, a facility shall submit plans at the schematic, design development, and final stages. All plans shall be drawn to scale with the title, stage of submission, and date indicated thereon. Any construction changes from the approved documents shall be approved by the Department. All subsequent addenda, change orders, field orders, and documents altering the Department review must be submitted. Any substantial deviation from the accepted documents shall require written notification, review, and re-approval from the Department. Construction work shall not commence until a plan approval has been received from the Department. During construction the owner shall employ a registered architect and/or engineer for observation and inspections unless other arrangements are approved by the Department. The Department shall conduct periodic inspections throughout each project.

B. Plans and specifications shall be submitted to the Department for new construction and for a project that has an effect on:

1. The function of a space;
2. The accessibility to or of an area;
3. The structural integrity of the facility;
4. The active and/or passive fire safety systems, including kitchen equipment such as exhaust hoods or equipment required to be under an exhaust hood;
5. Doors;
6. Walls;
7. Ceiling system assemblies;
8. Exit corridors;
9. Life safety systems; or
10. Increases to the occupant load or licensed capacity of the facility.

C. All projects shall obtain all required permits from the locality having jurisdiction. Construction without proper permitting shall not be inspected by the Department.

D. Cosmetic changes utilizing paint, wall covering, floor covering, or other, that are required to have a flame-spread rating or other safety criteria shall be documented with copies of the documentation and certifications kept on file at the facility and made available to the Department.

E. Any construction work which violates codes or standards shall be required to be brought into compliance.

F. If construction is delayed for a period exceeding twelve (12) months from the time of approval of final submission, a new evaluation and/or approval shall be required.

G. Any building which is being licensed for the first time shall be considered new construction and shall be in compliance with the codes and standards of Section 1902.

H. If the facility will provide space for the educational program, plans and specifications shall be submitted to the South Carolina Department of Education (SCDE) Office of School Facilities for approval. Submittal and other requirements listed in Section 1900 for the Department shall be required for the SCDE Office of School Facilities.

SECTION 2000 - FIRE PROTECTION EQUIPMENT AND SYSTEMS

2001. Fire Alarms and Sprinklers (I)

A. A facility with five (5) or fewer licensed beds shall have interconnected smoke alarms in the facility and in all sleeping rooms.

B. A facility with six (6) or more licensed beds shall have a partial, manual, automatic, and supervised fire alarm system. The facility shall arrange the system to transmit an alarm automatically to a third party. The alarm system shall notify by audible and visual alarm all areas and floors of the building. The alarm system shall shut down central recirculation systems and outside air units that serve the area(s) of alarm origination at a minimum.

C. All fire, smoke, heat, sprinkler flow, and manual fire alarming devices shall be connected to and activate the main fire alarm system when activated.

2002. Smoke Detection System (I)

If an approved automatic smoke detection system is required, it shall be installed in all corridors and sleeping rooms. Such systems shall be installed in accordance with the applicable codes and standards of Section 1902.

SECTION 2100 - EQUIPMENT AND SYSTEMS

2101. Gases (I)

A. Gases, both flammable and nonflammable, and flammable liquids shall be handled and stored in accordance with the applicable codes in Section 1902.

B. Safety precautions shall be taken against fire and other hazards when oxygen is dispensed, administered, and/or stored. "No Smoking" signs shall be posted conspicuously, and cylinders shall be properly secured in place.

C. Smoking shall be allowed only in designated areas in accordance with the facility smoking policy. No smoking shall be permitted in resident rooms or staff bedrooms or bath or restrooms.

2102. Furnishings and Equipment (I)

A. A facility shall maintain the physical plant free of fire hazards or impediments to fire prevention.

B. A facility shall not permit portable electric or unvented fuel heaters.

C. Fireplaces and fossil-fuel stoves, or wood-burning, shall have partitions or screens or other means to prevent burns. Fireplaces shall be vented to the outside. A facility shall not use unvented gas logs. Gas fireplaces shall have a remote gas shutoff within the room and not inside the fireplace.

D. A facility shall require all wastebaskets, window dressings, portable partitions, cubicle curtains, mattresses, and pillows to be noncombustible, inherently flame-resistant, or treated or maintained flame-resistant.

SECTION 2200 - EXITS (I)

A. There shall be more than one (1) exit leading to the outside of the building on each floor.

B. Exits shall be placed so that the entrance door of every private room and semi-private room shall be not more than one hundred (100) feet along the line of travel to the nearest exit.

C. Exits shall be remote from each other.

D. Exits shall be arranged so that there are not corridor pockets or dead-ends in excess of twenty (20) linear feet.

E. Each resident room shall communicate directly with an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level, to a public space free of encumbrances. Maximum travel distance from any point in the room to an exit access corridor shall not exceed fifty (50) feet.

SECTION 2300 - WATER SUPPLY, HYGIENE, AND TEMPERATURE CONTROL

2301. General (II)

A. Plumbing fixtures that require hot water and which are accessible to residents shall be supplied with water that is thermostatically controlled to a temperature of at least one hundred (100) degrees Fahrenheit and not to exceed one hundred twenty-five (125) degrees Fahrenheit at the fixture.

B. The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per licensed bed at the temperature range indicated in Section 2301.A.

C. Hot water supplied to the kitchen equipment and utensil washing sink shall be supplied as required by R.61-25.

D. Hot water provided for washing linen and clothing shall not be less than one hundred sixty (160) degrees Fahrenheit. Should chlorine additives or other chemicals which contribute to the

margin of safety in disinfecting linen be a part of the washing cycle, the minimum hot water temperature shall not be less than one hundred ten (110) degrees Fahrenheit, provided hot air drying is used.

2302. Cross-Connections (I)

There shall be no cross-connections in plumbing between safe and potentially unsafe water supplies. Water shall be delivered at least two (2) delivery pipe diameters above the rim or points of overflow to each fixture, equipment, or service unless protected against back-siphonage by approved vacuum breakers or other approved backflow preventers. A faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other approved backflow preventer.

SECTION 2400 - ELECTRICAL

2401. General (I)

A facility shall maintain all electrical installations and equipment in a safe, operable condition in accordance with the applicable codes in Section 1902 and shall be inspected at least annually by a licensed electrician, registered engineer, or certified electrical inspector.

2402. Panelboards (II)

A facility shall label the panelboard directory to conform to the room numbers and/or designations.

2403. Ground Fault Interrupting Receptacles

Electrical circuits to fixed or portable equipment in hydrotherapy units or other wet areas shall be provided with five (5) milliamperes ground fault interrupter (GFI) circuits or receptacles. GFI receptacles shall be used on all outside receptacles and in garages and bathrooms.

2404. Emergency Generator Service (I)

An emergency generator complying with the applicable codes and standards of Section 1902 shall be provided to deliver emergency electrical services during interruption of the normal electrical service to the distribution system as follows:

- A. Exit lights;
- B. Exit access corridor lighting;
- C. Fire alarm;
- D. Essential communication systems; and
- E. Heating system.

SECTION 2500 - HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) (II)

A. The HVAC system shall be inspected at least once every year by a certified and/or licensed technician.

B. The facility shall maintain a temperature of between seventy-two (72) and seventy-eight (78) degrees Fahrenheit in resident areas.

C. A facility shall not install a HVAC supply or return grille within three (3) feet of a smoke detector. (I)

D. A facility shall not install HVAC grilles in floors.

E. Return air ducts shall be filtered and maintained to prevent the entrance of dust, dirt, and other contaminating materials. The system shall not discharge in a manner that would be an irritant to residents, staff, or visitors.

F. A facility shall have each shower, bath, and restroom with either operable windows or have approved mechanical ventilation.

G. An exhaust fan and Type I hood of proper size shall be installed over the cook stoves and ranges vented to the outside.

H. Hoods, vents, ducts, and removable filters shall be maintained clean and free of grease accumulations.

SECTION 2600 - PHYSICAL PLANT

2601. Facility Accommodations (II)

A. There shall be sufficient living arrangements providing for residents' quiet reading, study, relaxation, entertainment, or recreation, to include living, dining, and recreational areas available for residents' use.

B. Minimum square footage requirements shall be:

1. Twenty (20) square feet per licensed bed of living and recreational areas combined, excluding bedrooms, halls, kitchens, dining rooms, bathrooms, and rooms not available to the residents;

2. Fifteen (15) square feet of floor space in the dining area per licensed bed.

C. Methods for ensuring visual and auditory privacy between residents and staff and visitors shall be provided as necessary.

2602. Resident Rooms

A. Each resident room shall be equipped with the following at a minimum for each resident:

1. A comfortable single bed having a mattress with moisture-proof cover, sheets, blankets, bedspread, pillow, and pillowcases. Roll-away type beds, cots, bunkbeds, and folding beds shall not be used. Beds shall be at least thirty-six (36) inches wide and seventy-two (72) inches in length. It is permissible to utilize a recliner in lieu of a bed or remove a resident bed and place the mattress on a platform or pallet provided the physician or other authorized healthcare provider has approved it and the decision is documented in the resident's ITP. Damaged mattresses shall be replaced. (II)

2. Adequate storage to accommodate each resident's personal clothing, belongings, and toilet articles. Built-in storage is permitted.

EXCEPTION: In existing facilities, if square footage is limited, residents may share these storage areas. However, specific spaces within these storage areas shall be provided by the facility particular to each resident.

3. A comfortable chair shall be available for each resident occupying the room. In facilities licensed prior to the promulgation of this regulation, if the available square footage of the resident room will not accommodate a chair for each resident or if the provision of multiple chairs impedes resident ability to freely and safely move about within their room, the facility shall provide at least one (1) chair and have additional chairs available for temporary use in the resident's room by visitors.

4. A bedside table or desk and adequate lighting for each resident, which is conducive for studying, if the resident is of school age.

B. The resident room floor area is the usable floor area and does not include wardrobes, closets, or entry alcoves to the room. The following is the minimum floor space allowed: (II)

1. Private rooms for one (1) resident only shall be at least one hundred (100) square feet.

2. Rooms for more than one (1) resident shall be at least eighty (80) square feet per licensed bed.

C. No facility shall have set up or in use at any time more beds than the number stated on the face of the license.

D. If hospital-type beds are used, there shall be at least two (2) lockable casters on each bed, located either diagonally or on the same side of the bed.

E. Beds shall not be placed in corridors, solaria, or other locations not designated as resident room areas. (I)

F. No resident room shall contain more than four (4) licensed beds. (II)

G. Beds shall be placed at least three (3) feet apart.

H. No resident room shall be located in a basement.

I. No resident may share a bedroom with a resident of the opposite sex.

J. Access to a resident room shall not be by way of another resident room, toilet, bathroom, or kitchen.

K. In semi-private rooms, when personal care is being provided, arrangements shall be made to ensure privacy, such as portable partitions or cubicle curtains when needed or requested by a resident.

L. Consideration shall be given to resident compatibility in the assignment of rooms for which there is multiple occupancy.

M. A facility shall provide at least one (1) private room for assistance in addressing resident compatibility issues, resident preferences, and accommodations for residents with communicable disease.

2603. Work Stations

A. A work station shall be provided and shall not serve more than forty-four (44) beds.

B. A separate medicine preparation room with cabinet space for storage and work space for the preparation of medicine and a sink shall be provided at or near each work station.

C. The work station shall contain at least a telephone, bulletin board, and adequate space for keeping residents' charts and space for charting and record notation.

D. A toilet with handwashing fixtures shall be provided near each work station.

E. Each work station shall contain separate spaces for the storage of clean linen, wheelchairs, and general supplies and equipment.

2604. Bathrooms and Restrooms (II)

A. Separate bathroom facilities shall be provided for staff members, general public, and/or family.

B. Toilets shall be provided in ample number to serve the needs of staff members and general public. The minimum number of bathrooms for residents shall be one (1) toilet for each six (6) licensed beds or a fraction thereof.

C. There shall be at least one (1) handwash lavatory adjacent to each toilet. Liquid soap shall be provided in public restrooms and bathrooms used by more than one (1) resident. Communal use of bar soap is prohibited. A sanitary individualized method of drying hands shall be available at each lavatory.

D. There shall be one (1) bathtub or shower for each eight (8) licensed beds or a fraction thereof.

E. All bathtubs, toilets, and showers used by residents shall have approved grab bars securely fastened in a usable fashion.

F. Privacy shall be provided at toilets, urinals, bathtubs, and showers.

G. Toilet facilities shall be at or adjacent to the kitchen for kitchen employees.

H. Facilities for handicapped persons shall be provided whether or not any of the residents are classified as handicapped.

I. All bathroom floors shall be entirely covered with an approved nonabsorbent covering. Walls shall be nonabsorbent, washable surface to the highest level of splash.

J. An adequate supply of toilet tissue shall be maintained in each bathroom.

K. Easily cleanable receptacles shall be provided for waste materials. Such receptacles in toilet rooms for women shall be covered.

L. Soap, bath towels, and washcloths shall be provided to each resident as needed. Bath linens assigned to specific residents shall not be stored in centrally located bathrooms. Provisions shall be made for each resident to properly keep their bath linens in their room, such as on a towel bar or hook designated for each resident occupying that room, or bath linens to meet resident needs shall be distributed as needed, and collected after each use and stored properly.

2605. Doors (II)

Doors providing access into the facility and resident room(s) shall be in accordance with the applicable codes of Section 1902.

2606. Ramps (II)

A. At least one (1) exterior ramp, accessible by all residents, staff, and visitors shall be installed from the first floor to grade.

B. The ramp shall serve all portions of the facility where residents are located.

C. The surface of the ramp shall be of nonskid materials.

D. Ramps shall discharge onto a surface that is firm and negotiable by a wheelchair in all weather conditions and to a location accessible for loading into a vehicle.

2607. Handrails and Guardrails (II)

A. A facility shall provide handrails on at least one (1) side of each corridor or hallway.

B. A facility shall provide guardrails on all porches, walkways, and recreational areas, such as decks and the like, in accordance with the applicable codes of Section 1902.

2608. Janitor's Closet (II)

A. There shall be a lockable janitor's closet in all facilities. Each closet shall be equipped with a mop sink or receptor and space for the storage of supplies and equipment.

B. All janitor's closets and equipment shall be cleaned daily. Frequent inspections shall be made by a responsible person for compliance. Cleaning materials and supplies shall be stored in a safe manner in a well-lighted closet. All harmful agents and equipment shall be in a locked cabinet or closet.

2609. Storage Areas

A. The facility shall provide adequate general storage areas for resident and staff belongings, equipment, and supplies.

B. Supplies and equipment shall not be stored directly on the floor. Supplies and equipment susceptible to water damage or contamination shall not be stored under sinks or in areas with a propensity for water leakage. (II)

2610. Living, Recreation, and Dining Areas

A. A facility shall provide indoor areas where residents can go for quiet, reading, study, relaxation, entertainment, or recreation.

B. The living and recreational areas together shall provide a minimum of fifteen (15) square feet per resident, not including bedrooms, halls, kitchens, dining rooms, bathrooms, and any rooms not available to residents.

C. The dining area shall provide a minimum of fifteen (15) square feet per resident.

D. Where a central dining room is used to serve more than one facility, it shall be readily accessible to all residents of each facility and residents must be able to access the dining room through a heated corridor.

2611. Facility Grounds

A. There shall be sufficient outdoor recreational play area available as determined by the number and ages of the residents.

B. The outdoor area shall be free of unprotected physical hazards.

C. Playground equipment, such as a climbing apparatus, slide, and swing, shall be firmly anchored.

D. The facility and outside area shall be maintained in good condition and shall be clean at all times, free from accumulated dirt, trash, and rodent infestation. Garbage and outdoor trash containers shall be covered. Outdoor containers shall be emptied at least weekly.

E. Outdoor areas deemed by the Department to be unsafe, such as steep grades, cliffs, open pits, high voltage electrical equipment, high speed roads, or swimming pools, shall be enclosed by a fence or have natural barriers to protect the residents. Entrances and exits to fenced hazardous areas shall be locked when not in use.

F. Fenced areas which are part of a fire exit from the building shall have a gate which is unlockable in case of emergency on the side of the area opposite the building.

G. Machinery and equipment rooms shall be kept locked.

2612. Location

A. Transportation. A facility shall be served by roads that are passable at all times and are adequate for the volume of expected traffic.

B. Parking. A facility shall have a parking area to reasonably satisfy the needs of residents, staff members, and visitors.

C. Access to firefighting equipment. A facility shall maintain adequate access to and around the building(s) for firefighting equipment. (I)

SECTION 2700 - SEVERABILITY

In the event that any portion of these regulations is construed by a court of competent jurisdiction to be invalid, or otherwise unenforceable, such determination shall in no manner affect the remaining portions of these regulations, and they shall remain in effect as if such invalid portions were not originally a part of these regulations.

SECTION 2800 - GENERAL

Conditions that have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.